

Division of Health Care Finance and Policy

Fiscal Year 1994 – Version 94.V02

**Inpatient Hospital
Discharge Database
Documentation Manual**

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General Documentation
FY1994 Inpatient Hospital Discharge Database

This database documentation consists of two parts. The Technical Documentation is printed on blue paper. The General Documentation follows the Technical Documentation.

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Documentation Overview

The General Documentation for the fiscal year 1994 merged case mix and charge data is intended to provide database users with an understanding of the data quality issues connected with the data elements they may decide to examine. This document includes hospital-reported discrepancies received in response to the data verification report process.

The Massachusetts Rate Setting Commission (MRSC) welcomes your comments and suggestions for improvement to this database. Please provide Judy Parlato with your written comments and/or recommendations.

This year a feedback form has been provided to elicit your comments should you choose to respond. The MRSC is interested in hearing from you and would appreciate your taking the time to complete and return this form.

The General Documentation consists of five parts.

Part 1 – BACKGROUND INFORMATION: provides information on the development of the fiscal year 1994 database including the DRG methodology used and the additional data elements included. Six levels of the database exist. The information contained in each of the database levels is described in this section.

Part 2 – DATA: describes the basic data quality standards as contained in 114.1 CMR 17.00 Requirement for the Submission of Case Mix and Charge Data (referred to as the 17.00 Regulation); general data definitions, general data caveats, and information on specific data elements.

The case mix data plays a vital and growing role in health care research and analysis. To ensure the database is as accurate as possible, the MRSC requires hospitals to use a standard response sheet to certify the correctness of their data as it appears on the verification report, or to certify that the hospital found discrepancies in the data. If a hospital finds data discrepancies, then the MRSC requests the hospital submit written corrections that provide an accurate profile of the hospital's fiscal year 1994 discharges. These responses are contained in Part 3.

Part 3 - HOSPITAL RESPONSES: details hospitals' responses received as a result of the data verification process. From this section users can also learn which hospitals did not verify their data. This section contains the following lists and charts.

1. Summary of Hospitals' Verification Report Responses
2. Summary of Reported Discrepancies by Category of Reported Data Errors.
3. Data Discrepancies and Correction Responses Received from Hospitals
4. Hospitals with Special Circumstances

Part 4 – CAUTIONARY USE DATA FILE: lists hospitals which either have not submitted four quarters of data which passed the MRSC's technical edit routines, or have submitted fewer than four quarters of data.

NOTE: In Fiscal year 1994, eleven hospitals did not meet the requirement of the 17.00 Regulation for all four quarters.

Part 5 – ATTACHMENTS: Provides Attachments I through IV listed in the Table of Contents.

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PART 1 – BACKGROUND INFORMATION

1. Development of the 1994 Database
2. New Data Elements
3. DRG Methodology

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Part 1 – Background Information

1. Development of the FY1994 Database

The Massachusetts Rate Setting Commission continued its efforts to improve the processing and accuracy of case mix data. All staff involved with the processing and management of the database meet on a weekly basis to discuss and, in most cases, resolve the host of issues which inevitably arise. Additional staff were added to the project in order that the MRSC could respond to hospitals with needed technical assistance and to ensure that the processing of the data was done expeditiously. In order to assist the hospitals in the Verification Report process, modifications were made to the Reports making it easier to verify the data. The MRSC also continued the practice, begun last year, of providing hospitals with an opportunity to verify data at mid-year.

Six Fiscal Year 1994 database levels have been created to correspond to the levels set forth in proposed Regulation 114.5 CMR 2.00. Higher levels contain an increasing number of the data elements which are defined as “Deniable Data Elements” in Regulation 114.5 CMR 2.00. The deniable data elements are medical record number, billing number, claim certificate number (Medicaid Recipient Identification Number), unique health identification number (UHIN), date of admission, date of discharge, date of birth, date(s) of surgery, and unique physician number (UPN). A description of these levels follows:

LEVEL I	Contains all case mix data elements, except the deniable data elements.
LEVEL II	Contains all Level I data elements, plus the UPN.
LEVEL III	Contains all Level I data elements, plus the UHIN, an admission sequence number for each UHIN record, and a calculation of the number of days between inpatient stays for each UHIN record.
LEVEL IV	Contains all Level I data elements, plus the UPN, the UHIN, an admission sequence number for each UHIN record, and a calculation of the number of days between inpatient stays for each UHIN record.
LEVEL V	Contains all Level IV data elements, plus the date of admission, date of discharge, and the date(s) of surgery.
LEVEL VI	Contains all of the case mix data including deniable data elements except the patient identifier component of the claim certificate number.

2. New Data Elements

As of January 1, 1994, the MRSC increased the number of data elements required from hospitals and expanded some of the existing data elements. Part 2 of the General Documentation provides details of these database changes. Database users should keep in mind that the new and expanded data elements were not required for the entire fiscal year. Therefore, care should be exercised when performing analyses as the new and/or expanded data reported from January 1, 1994 and forward does not directly parallel data reported in earlier periods. Additionally, it must be noted that a graduated edit plan was implemented to facilitate the reporting of the new data. As a result, caution is advised when using these new data elements in any analysis as the degree of accuracy may not be as high as routinely reported data elements. The graduated edit plan is described in Part 2 and presented in a table as Attachment I.

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Part 1 – Background Information - Continued

3. DRG METHODOLOGY – All-Patient Grouper, Version 8.1

RESEARCHERS PLEASE NOTE: The New Jersey Version II Grouper was used to classify discharges into Diagnostic Related Groups (DRGs) prior to October 1991.

Beginning in October 1991, the MRSC began using the All-Patient Grouper Version 8.1 (mainframe) to classify all patient discharges. This change in grouping methodology was made because the All-Patient DRG better represents the general population and provides improvements in areas such as newborns and the HIV population.

The Version 8.1 All Patient-DRG methodology is not totally congruent with the ICD-9-CM procedure and diagnosis codes in effect for this fiscal year 1994. Therefore, it was necessary to convert some ICD-9-CM codes to those acceptable to the AP-DRG 8.1 grouper. The MRSC mapped the applicable ICD-9-CM codes into a clinically representative code using the historical mapper utility provided by 3M Health Information Systems. This conversion is done internally for the purpose of DRG assignment and for reimbursement, and in no way alters the original ICD-9-CM codes that appear on the database. These codes remain on the database as they were reported by the hospital.

Effective January 1, 1994, hospitals were required to report birth weight. Since this was a new requirement and was not in effect for the entire year, the DRG grouper remains set to Option 5, which determines the newborn DRG by inferring the birth weight from the ICD-9-CM code.

DRGs and the Verification Report Process

The hospitals' profile of discharges, grouped by AP-DRG 8.1, is part of the verification report, and it is this grouped profile on which the hospitals commented. The Commission urged hospitals to use the All-Patient-DRG Grouper with same system specifications as used by the MRSC.

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PART 2 - DATA

1. Data Quality Standards
2. General Definitions
3. General Data Caveats
4. Specific Data Elements

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1. Data Quality Standards

The first three quarters of fiscal year 1994 merged case mix and charge data was submitted 120 days after the end of each of those quarters. In order to phase-in the requirement that all fiscal year 1995 data be submitted 75 days after the close of each quarter, the data for the fourth quarter of fiscal year 1994 was submitted 90 days after the close of that quarter. The data was then edited using the Integrated Data Demonstration (IDD) software, as modified by MRSC. Required data elements and corresponding edits are specified in 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data.

The quarterly data is edited for compliance with regulatory requirements using a one percent error rate specified in Regulation 114.1 CMR 17.00. Except as noted under the Graduated Edit Plan section below, the one percent error rate was based on the presence of Type A and Type B errors as follows:

- Type A: One error per discharge caused rejection of the discharge.
- Type B: Two errors per discharge caused rejection of the discharge.

If more than one percent of the discharges are rejected, then the entire tape submission is rejected by the MRSC. These edits primarily check for valid codes, correct formatting, and presence of required data elements. Please see Attachment I for a listing of data elements categorized by error type.

Each hospital receives a quarterly error report displaying invalid discharge information. Quarterly data which does not meet the one percent compliance standard must be resubmitted by the individual hospital until the standard is met. All but eleven hospitals met this one percent error rate standard for all four quarters of fiscal year 1994. (Data for these eleven hospitals which did not meet the one percent error rate is contained in the Cautionary Use File.)

Graduated Edit Plan for New Data

Due to the expanded number of data elements required as of January 1, 1994 and in order to ease the transition of reporting these expanded requirements, the MRSC adopted a graduated edit plan. Under this plan, any errors in the new data elements submitted in the second quarter were not counted toward the one percent error rate. In the third quarter, any errors in the new data elements were counted, but to a lesser extent than the final standards contained in the regulation. In the fourth quarter, all errors were given full weight toward the one percent error rate. Tables identifying error classifications and conditions for rejecting discharges are contained in Part 5 of this documentation.

Verification Report Process

The yearly case mix and charge data verification project is intended to present hospitals with a profile of their individual data as retained by the Commission. The purpose of this project is to function as a quality control measure for hospitals to review the data they have provided to the MRSC. The Verification Report itself is a series of frequency reports covering selected data elements including the number of discharges, amount of charges by accommodation and ancillary center, and listing of Diagnostic Related Groups (DRGs). Please refer to Attachment II for a description of the Verification Report contents.

Hospitals have the opportunity to review their data twice a year. After a hospital has successfully submitted the first two quarters of data, a mid-year verification report is produced for the hospital's review. Hospitals are strongly encouraged to review the mid-year report for inaccuracies and make corrections so that subsequent quarters of data will be accurate.

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1. Data Quality Standards - Continued

A year-end verification report is produced after four quarters of data have passed the required edits. At this point, hospitals are asked to certify the accuracy of their data. If any discrepancies exist, the hospital is requested to provide a written explanation of the discrepancies to be included in the General Documentation which accompanies copies of the database released to users. These written explanations are contained in Part 3 of the documentation.

2. General Data Definitions

Before turning to an examination of specific data elements, several basic data definitions (as contained in 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data) should be noted.

Case Mix Data:

Case specific, discharge data which includes both clinical data, such as medical reason for admission, treatment, and services provided to the patient, and duration and status of the patient's stay in the hospital; and socio-demographic data, such as expected payor, sex, race, and patient zip code.

Charge Data

The full, undiscounted total and service specific charges billed by the hospital to the general public.

Ancillary Services

The service and their definitions as specified in the Commonwealth of Massachusetts Hospital Uniform Reporting Manual (HURM). [And as specified by the reporting codes and mapping scheme as listed in 114.1 CMR 17.06 (2) (c)]

Routine Accommodations

The accommodations and their definitions as specified in HURM s.3241, promulgated under 114.1 CMR 4.00. Reporting codes are defined in 114.1 CMR 17.06(2)(a).

Special Care Units

The units which provide patient care of a more intensive nature than provided to the usual medical, obstetric, or pediatric patient. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who require intense, comprehensive care.

Leave of Absence

The count in days of a patient's absence, with physician approval, during a hospital stay without formal discharge and readmission to the facility.

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3. General Data Caveats

The following general caveats stem from information gathered through conversations with members of the Rate Setting Commission Case Mix Data Advisory Group (CMDAG), staff at the Massachusetts Hospital Association, staff at the Massachusetts Health Data Consortium (MHDC), and the numerous and various admitting, medical record, financial, administrative, and data processing personnel who call to comment upon the Commission's procedural requirements.

Information may not be entirely consistent from hospital to hospital due to differences in:

- collection and verification of patient supplied information before or at admission;
- medical record coding, consistency, and completeness;
- extent of hospital data processing capabilities;
- flexibility of hospital data processing systems;
- varying degrees of commitment to quality of merged case mix and charge data;
- capacity of financial processing system to record late occurring charges on the Rate Setting Commission Tape;
- non-comparability of data collection and reporting.

Case Mix Data

In general terms, the case mix data, is derived from patient discharge summaries which can be traced to information gathered upon admission or from information entered by admitting and attending physicians into the medical record. The quality of case mix data is dependent upon hospital data collection policies and coding practices of the medical staff, as well as the DRG optimizing software used by the hospital.

Charge Data

Issues to consider with the charge data: A few hospitals do not have the capacity to add late occurring charges to the Rate Setting Commission tape within the current timeframes for submitting data. In some hospitals, "days billed" or "accommodation charges" do not equal the length of stay or the days that the patient spent in the hospital. One should note that charges are a reflection of hospital pricing strategy and may not be indicative of the cost of patient care delivery.

New Data Elements

Caution should be used when examining any of the new data elements. As previously stated, during quarters two and three of the fiscal year, these new elements were not subject to stringent edit standards. Therefore, some inaccuracies exist in the data.

Expanded Data Elements

Care should also be used when examining data elements that have been expanded especially when analyzing multi-year trends. In order to maintain consistency across years (and with the first quarter of fiscal year 1994), it may be necessary to merge some of the expended codes. For example, the Patient Disposition codes were expanded as of January 1, 1994 to include a new code for "Discharged/Transferred to

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3. General Data Caveats - Continued

a Rehab Hospital”. Prior to this quarter, these discharges would have been reported under the code “Discharged/transferred to a chronic or rehab hospital” which itself was changed to “Discharged/transferred to chronic hospital”. If performing an examination of these codes across years, one will need to combine the “rehab” and “chronic” codes in the fiscal year 1994 data.

4. Specific Data Elements

The purpose of the following section is to provide the user with explanations of some data elements included in the 17.00 Regulation and to give a sense of their reliability.

A. Existing Data Elements

DPH Hospital ID Number

The Massachusetts Department of Public Health four digit number. (See Attachment IV.)

Patient Race

Due to misconceptions regarding the collection of race information, the Rate Setting Commission worked with the Massachusetts Commission Against Discrimination. The result was the mailing of a statement from the Massachusetts Commission Against Discrimination to all hospital administrators. This statement explained that asking for race information was voluntary and was not a form of discrimination.

The accuracy of the reporting of this data element for a given hospital is difficult to ascertain; therefore the user should be aware that the distribution of patients for this data element may not represent an accurate grouping of a given hospital’s population.

Leave of Absence (LOA) Days

Hospitals are required to report these days to the Commission if they are used. At present, the Commission is unable to verify the use of these days if they are not reported nor can the Commission verify the number reported if a hospital does provide the information. Therefore, the user should be aware that the validity of this category relies solely on the accuracy of a given hospital’s reporting practices.

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4. Specific Data Elements - Continued

B. New Data Elements

Unique Health Identification Number (UHIN)

The patient's encrypted social security number.

Birth Weight in Grams

Principal External Cause of Injury Code

The ICD-9 code which categorizes the event and condition describing the principal external cause of injuries, poisonings, and adverse effects. While the code itself is not new, the designated field and the requirement that the code be reported are new.

Unique Physician Number (UPN)

The encrypted Massachusetts Board of Registration in Medicine license number for the attending and operating physician.

C. Expanded Data Elements

Payor Codes

Payor information has been expanded to include payor type and payor source. Payor type is the general payor category such as HMO, Commercial, or Worker's Compensation. Payor Source is the specific health care coverage plan such as Harvard Community Health Plan or Aetna Life Insurance.

Source of Admission

Three new sources have been added: ambulatory surgery, observation, and extramural birth (for newborns).

Patient Disposition

Four new discharge/transfer categories have been added: to another type of institution for inpatient care or referred for outpatient services to another institution, to home under care of a Home IV Drug Therapy Provider, to rehab hospital, and to rest home.

Accommodation and Ancillary Revenue Codes

These codes have been expanded to coincide with the current UB-92 Revenue Codes.

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4. Specific Data Elements - Continued

D. MRSC Calculated Fields

Admission Sequence Number

This calculated field indicates the chronological order of admissions for patients with multiple inpatient stays. A match with the UHIN only, is used to make the determination that a patient has had multiple stays. (Please read the comments below.)

Days Between UHIN Stays

This calculated field indicates the number of days between each discharge and each consecutive admission for applicable patients. Again, a match with the UHIN, only, is used to make the determination that a patient has been readmitted. (Please read the comments below.)

The MRSC has done some analyses of the UHIN data and in the process, has discovered problems with some of the reported data. For a few hospitals, no UHIN data exists as these hospitals failed to report patients' social security numbers (SSN). Other hospitals reported the same SSN repeatedly resulting in up to 83 admissions for one UHIN in one instance. In other cases the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's SSN to her infant or assignment of a spouse's SSN to a patient. This demographic analysis shows a probable error rate in the range of 2%-10%.

On average, the MRSC found that 91% of the SSN's submitted are valid when edited for compliance with rules issued by the Social Security Administration. Staff continually monitors the encryption process to ensure that duplicate UHINs are not inappropriately generated and that recurring SSN's consistently encrypt to the same UHIN. Only valid SSN's are encrypted to a UHIN; invalid SSN's are set to "-----".

Based on these findings, the MRSC strongly suggests that users of the MRSC calculated fields perform some qualitative checks of the data prior to drawing conclusions about that data.

PART 3 - HOSPITAL RESPONSES

1. Summary of Hospitals' Verification Report Responses
2. Summary of Reported Discrepancies by Category
3. Data Discrepancies and Correction Responses Received from Hospitals
4. Hospitals with Special Circumstances

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Summary of Hospitals' Verification Report Responses

ID	Hospital	A	B	None	Comments
2202	Adcare Hospital				Cautionary File
2016	Addison Gilbert	X			
2006	Anna Jaques			X	
2226	Athol Memorial	X			
2073	Atlanticare	X			
2339	Baystate			X	
2313	Berkshire	X			
2069	Beth Israel	X			
2007	Beverly		X		
2307	Boston City	X			
2084	Boston University	X			
2921	Brigham & Women's	X			
2118	Brockton	X			
2108	Cambridge			X	
2135	Cape Cod			X	
2003	Carney		X		
2034 2127	Health Alliance Burbank & Leominster Campus	X X			
2337	Charlton Memorial			X	
2139	Children's	X			
2126	Clinton			X	
2155	Cooley Dickinson	X			
2335	Dana Farber	X			
2018	Emerson	X			
2052	Fairview	X			
2289	Falmouth			X	Cautionary File
2048	Faulkner		X		
2120	Franklin Medical			X	
2054	Deaconess Glover	X			
2311 2101	Good Samaritan Cushing & Goddard Campus	X		X	Cautionary File - Cushing
2091	Vencor (fmrly Hahnemann)	X			
2131	Haverhill Hospital			X	Cautionary File
2143	Harrington Memorial		X		
2119	Heritage				Cautionary File
2036	Henry Heywood			X	
2231	Hillcrest	X			
2225	Holy Family	X			

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Summary of Hospital Responses - Continued

DPH #	Hospital	A	B	None	Comments
2145	Holyoke	X			
2157	Hubbard Regional			X	
2082	Jordan		X		
2033	Lahey Clinic	X			
2099	Lawrence General	X			
2038	Lawrence Memorial	X			
2040	Lowell General	X			
2160	Ludlow Hospital			X	
2041	Malden	X			
2103	Marlborough	X			
2042	Martha's Vineyard	X			
2148	Mary Lane		X		
2167	Mass. Eye & Ear			X	Cautionary File
2168	Mass. General	X			
2077	Med. Ctr. Central Mass.	X			
2058	Melrose-Wakefield			X	Cautionary File
2149	Mercy	X			
2020	MetroWest Medical Ctr.	X			
2105	Milford-Whitinsville		X		
2227	Milton		X		
2022	Morton		X		
2071	Mt. Auburn	X			
2044	Nantucket Cottage	X			
2298	Deaconess Nashoba	X			
2114 2856	Neponset Valley Health – Norwood / Southwood Hospital	X X			
2059	N. E. Baptist		X		
2092	N. E. Deaconess		X		
2299	N.E. Medical Center	X			
2060	N. E. Memorial	X			
2075	Newton-Wellesley	X			
2076	Noble	X			
2061	North Adams Regional	X			
2150	Providence	X			Cautionary File
2151	Quincy		X		
2029	Saints Memorial			X	
2014	Salem Hospital	X			
2001	Somerville Hospital			X	Cautionary File
2107	South Shore Hospital	X			

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Summary of Hospital Responses - Continued

DPH #	Hospital	A	B	None	Comments
2011	St. Anne's	X			
2085	St. Elizabeth's	X			
2010	St. Luke's of N.B.	X			
2100	Sturdy Memorial	X			
2089	Symmes	X			
2128	Saint Vincent		X		
2106	Tobey	X			
2171	Transitional Hospital Corp. (JB Thomas)			X	Cautionary File
2841	UMass. Med. Center		X		
2067	Waltham/Weston	X			
2046	Whidden Memorial	X			
2094	Winchester		X		
2181	Wing Memorial	X			
2013	Winthrop			X	Cautionary File

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2. Summary of Reported Discrepancies by Category of Reported Data Errors

LIST OF ERROR CATEGORIES

- Accommodation Charges
- Ancillary Charges
- Routine Days
- Special Care Days
- Payor
- Age
- Race
- Sex
- Month of Discharge
- Total Number of Discharges
- Disposition
- Source of Admission
- Number of Diagnosis Codes Used Per Patient
- Number of Procedure Codes Used Per Patient
- DRGs
- Length of Stay

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2. Summary of Reported Discrepancies By Category of Reported Data Error

Hospital	Accommodation Charges	Ancillary Charges	Routine Days	Special Care Days	Payor	Age	Race	Sex
Beverly Hospital			X		X			
Carney Hospital								
Faulkner Hospital						X	X	
Harrington Mem. Hospital						X	X	X
Jordan Hospital			X					
Mary Lane Hospital	X	X	X	X				
Milford-Whitinsville	X	X	X	X				
Milton						X		
Morton			X					
NE Baptist					X			
NE Deaconess						X		
Quincy Hospital		X						
Saint Vincent	X				X			
Umass Medical Center			X	X				
Winchester Hospital	X		X					

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2. Summary of Reported Discrepancies By Category of Reported Data Error

Hospital	Month of Discharge	Total # Discharges	Disposition	Admit Source	# Diag Codes	# Proc Codes	DRG	LOS
Beverly Hospital							X	
Carney Hospital				X				
Faulkner Hospital			X	X	X	X	X	X
Harrington Mem. Hospital								
Jordan Hospital								
Mary Lane Hospital								
Milford-Whitinsville	X	X						
Milton								
Morton								
NE Baptist								
NE Deaconess							X	
Quincy Hospital							X	
Saint Vincent				X				
Umass Medical Center								
Winchester Hospital								

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2. Summary of Reported Discrepancies By Category of Reported Data Error

Hospital Index

Hospital Name	Page Number
Beverly Hospital	20
Carney Hospital	22
Faulkner Hospital	23
Harrington	26
Jordan	27
Mary Lane	28
Milford-Whitinsville	29
Milton	30
Morton	31
New England Baptist	32
New England Deaconess	33
Quincy	34
St. Vincent	35
UMASS Medical Ctr.	36
Winchester	37

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3. Data Discrepancies and Correction Responses Received from Hospitals

Beverly Hospital reported discrepancies in the areas of Payor, Routine Days, and DRGs. With regard to payor, the hospital stated that the financial class categories were changed midyear. The RSC data did not accurately reflect the payor categories in effect at year-end. The hospital also indicated that it was not able to verify the areas of # of Diagnosis Codes, LOA Patients, Length of Stay, LOA Days, Average LOS, MDCs, and # of Procedure Codes. It stated that the casemix tapes accurately report the data on the day they were produced. However, the database is in constant flux. The hospital sometimes converts inpatient accounts to observation. It makes retroactive coding changes and frequently updates the payor based upon the latest billing information.

The hospital has provided the following corrections to its FY1994 verification report.

BEVERLY HOSPITAL		
Category	MRSC	Hospital
Routine Days	71,418	62,972
Discharges per DRG		
DRG 19	2	3
88	127	126
121	152	150
127	240	237
132	98	99
144	32	33
154	14	13
205	10	9
209	192	193
235	7	6
239	39	38
242	2	3
244	4	3
294	31	30
304	6	7
315	23	22
316	28	27
336	40	39
373	1,358	1,360
383	60	61
415	10	9
440	2	1
468	47	52
469	6	0

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3. Data Discrepancies and Correction Responses Received from Hospitals

BEVERLY HOSPITAL		
Category	MRSC	Hospital
Discharges per DRG		
471	1	0
476	7	8
477	17	21
483	10	11
533	53	52
541	89	88
552	52	51
559	7	8
561	3	4
566	38	37
567	10	11
581	6	7
582	8	7
585	52	53
602	0	2
607	6	5
611	0	1
612	2	3
620	28	41
621	5	6
627	118	116
629	2,227	2,213
630	22	21
773	12	13
775	36	37

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3. Data Discrepancies and Correction Responses Received from Hospitals

Carney Hospital reported discrepancies in the area of Source of Admission. The discrepancies resulted from a misinterpretation of the definitions for Source of Admission, which resulted in an overstatement of the number of physicians and HMO referrals and an understatement of the other categories. The hospital has provided the following corrections to its FY1994 verification report.

CARNEY HOSPITAL		
Category	MRSC	Hospital
Source of Admission		
Ambulatory Surgery	31	30
Observation	622	652
Info. Not Available	3	0
Physician Referral	2,933	2,682
Clinical Referral	205	245
HMO Referral	886	247
Acute Transfer	132	410
SNF Transfer	978	997
ICF Transfer	55	53
Emergency	4,449	4,978

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3. Data Discrepancies and Correction Responses Received from Hospitals

Faulkner Hospital reported discrepancies in the areas of Source of Admission, Age, Race, Length of Stay, Disposition, # Diagnosis Codes per Patient, # of Procedure Codes per Patient, DRG's, and List of Top 20 DRGs. The hospital further indicated that the following areas were not applicable as they were not part of the final verification report: LOA patients, LOA Days, and Average LOS. The hospital has provided the following corrections to its FY1994 verification report.

FAULKNER HOSPITAL		
Category	MRSC	Hospital
Age		
70-74 Years	533	534
75-84	1,375	1,374
Race		
Black	367	368
Hispanic	171	168
Unknown	138	140
Admission Source		
Invalid	2	0
Unknown	23	0
Physician Referral	2,135	2,137
Transfer Acute Hospital	59	82
Payor		
Self Pay	212	211
Medicare	3,521	3,522
Medicaid	400	399
Blue Cross	497	506
Commercial Insurance	598	505
Free Care	0	106
HMO	1,103	1,100
BX Managed Care	131	109
Commer. Managed Care	15	17
Other Government	4	6
Length of Stay		
1 Day	792	791
4 Days	830	829
6 Days	505	506
7 Days	412	413
10 Days	190	189
>=20 Days	284	285

General Documentation
FY1994 Inpatient Hospital Discharge Database

FAULKNER HOSPITAL		
Category	MRSC	Hospital
Disposition		
Other Agency	106	108
Home/IV	2	6
Number of Diagnosis Codes per Patient		
1 Diagnosis Codes	274	273
2 Diagnosis Codes	544	525
3 Diagnosis Codes	682	658
4 Diagnosis Codes	742	734
5 Diagnosis Codes	736	728
6 Diagnosis Codes	696	702
7 Diagnosis Codes	629	633
8 Diagnosis Codes	559	548
9 Diagnosis Codes	1,686	1,747
Number of Procedure Codes per Patient		
Zero Procedures	1,383	1,384
3 Procedures	713	712
Discharges per DRG		
DRG 79	84	81
96	33	32
125	10	9
148	75	76
174	44	42
180	26	25
182	122	121
205	12	11
210	56	55
249	3	2
320	60	59
358	45	47
397	3	2
416	24	22
468	28	29
476	6	5
540	54	57
542	7	8
543	28	29
551	22	23
552	46	49
557	27	28

General Documentation
FY1994 Inpatient Hospital Discharge Database

FAULKNER HOSPITAL		
Category	MRSC	Hospital
Discharges per DRG		
558	25	26
560	6	7
569	37	38
573	2	0
574	4	5
584	43	45
585	41	40
707	9	10
708	13	12

General Documentation
FY1994 Inpatient Hospital Discharge Database

3. Data Discrepancies and Correction Responses Received from Hospitals

Harrington Memorial Hospital reported discrepancies in the areas of Race, Age, and Sex. The hospital has provided the following corrections to its FY1994 verification report.

HARRINGTON MEMORIAL HOSPITAL		
Category	MRSC	Hospital
Race		
White	4,297	4,296
Hispanic	378	380
Unknown	13	12
Age		
21-44 Years	1,078	1,077
70-74	368	367
75-84	820	821
>=85	378	379
Sex		
Male	1,949	1,950
Female	2,769	2,768

General Documentation
FY1994 Inpatient Hospital Discharge Database

3. Data Discrepancies and Correction Responses Received from Hospitals

Jordan Hospital reported discrepancies in the area of Routine Days. The discrepancy resulted from the fact that Total Patient Days included a unit for private room rate charge as a patient day not as a general statistic. The hospital has provided the following corrections to its FY1994 verification report.

JORDAN HOSPITAL		
Category	MRSC	Hospital
Accommodation Information		
Medical/Surgical		
Days	43,424	30,483

General Documentation
FY1994 Inpatient Hospital Discharge Database

3. Data Discrepancies and Correction Responses Received from Hospitals

Mary Lane Hospital reported discrepancies in the areas of Accommodation Charges and Ancillary Charges. The hospital has provided the following corrections to its FY1994 verification report.

MARY LANE HOSPITAL		
Category	MRSC	Hospital
Accommodation Information		
Medical/Surgical		
Days	4,211	5,116
Charges	1,838,666	2,454,697
Obstetrics		
Days	510	652
Charges	224,400	284,680
Coronary Care Unit		
Days	1,047	0
Charges	676,311	0
Ancillary Information		
Pharmacy		
Discharges	1,924	2,283
Charges	161,476	229,226
IV Therapy		
Discharges	359	0
Charges	67,750	0

Additional Accommodation Charge Information:

Obstetrics – The 1st quarter case mix tapes submitted grouped Obstetrics activity with Medical/Surgical. Included in the Medical/Surgical accommodation are 142 days and \$60,280 of charges related to Obstetrics. All Obstetric accommodations are semiprivate.

Medical/Surgical – Private accommodation Medical/Surgical days are 21 and charges are \$9,786. The remaining days and charges represent semiprivate accommodations.

Pediatrics – All Pediatric accommodations are semiprivate.

Coronary Care Unit and Pulmonary Care – The case mix tapes submitted identified Coronary and Pulmonary Care activity. Mary Lane Hospitals has neither a Coronary Care nor a Pulmonary Care Unit. All days, discharges, and charges reported as Coronary and Pulmonary Care relate to a Routine Stepdown Medical Surgical accommodation.

Additional Ancillary Charge Information:

IV Therapy – The amounts presented represent IV Solutions. These charges should be reported as Pharmacy.

General Documentation
FY1994 Inpatient Hospital Discharge Database

3. Data Discrepancies and Correction Responses Received from Hospitals

Milford-Whitinsville Regional Hospital reported discrepancies in the areas of Number of Discharges, Month of Discharge, Accommodation Charges, Ancillary Charges, Routine Days, and Special Care Days. The hospital has provided the following corrections to its FY1994 verification report.

MILFORD-WHITINSVILLE REGIONAL HOSPITAL		
Category	MRSC	Hospital
Accommodation Information		
Other Routine Days		
	Other routine days are overstated by approximately 4,500 days. These days and relative charges should appear under Routine Medical/Surgical.	
Ancillary Information		
Total Charges	Total ancillary charges are understated by approximately \$767,000.	

Admission Type Frequency Report:

Hospital reported 89 discharge variance from hospital records.

Discharge Month:

1st quarter numbers match hospital records. Variance throughout remaining months.

General Documentation
FY1994 Inpatient Hospital Discharge Database

3. Data Discrepancies and Correction Responses Received from Hospitals

Milton Medical Center reported discrepancies in the area of Age. The hospital has provided the following corrections to its FY1994 verification report.

MILTON MEDICAL CENTER		
Category	MRSC	Hospital
Age		
70-74	621	618
75-84	1,364	1,286
> = 85	662	744

General Documentation
FY1994 Inpatient Hospital Discharge Database

3. Data Discrepancies and Correction Responses Received from Hospitals

Morton Hospital & Medical Center reported discrepancies in the area of Routine Days. The hospital has provided the following corrections to its FY1994 verification report.

MORTON HOSPITAL & MEDICAL CENTER		
Category	MRSC	Hospital
Accommodation Information		
Medical/Surgical		
Days	37,895	10,551
Charge per Day	10.97	256.36
Obstetrics		
Days	6,502	527
Charge per Day	0.74	232.42
Pediatrics		
Days	1,316	322
Charge per Day	1.40	279.00
Other Routine		
Days	14,387	1,439
Charge per Day	1.48	491.67
Nursery		
Days	3,349	358
Charge per Day	0.56	277.50
Med/Surg ICU		
Days	4,762	796
Charge per Day	4.05	538.93

General Documentation
FY1994 Inpatient Hospital Discharge Database

3. Data Discrepancies and Correction Responses Received from Hospitals

New England Baptist Hospital reported discrepancies in the area of Payor. The hospital has provided the following corrections to its FY1994 verification report.

NEW ENGLAND BAPTIST HOSPITAL		
Category	MRSC	Hospital
Payor		
Commercial	1,012	772
Worker's Comp	233	473

General Documentation
FY1994 Inpatient Hospital Discharge Database

3. Data Discrepancies and Correction Responses Received from Hospitals

New England Deaconess Hospital reported discrepancies in the area of Discharges per DRG. It also noted that it had not checked the accuracy of Routine Days and Special Care Days. For Accommodation Charges and Ancillary Charges, it checked the summary only. And, in the area of Age, it found minor discrepancies only. The hospital has provided the following corrections to its FY1994 verification report.

NEW ENGLAND DEACONESS HOSPITAL		
Category	MRSC	Hospital
Discharges per DRG		
DRG 85	15	14
110	93	92
112	773	770
120	67	66
127	185	184
130	137	136
138	59	58
154	40	39
188	38	37
191	55	43
193	16	15
217	42	41
225	12	11
296	101	100
403	15	14
415	28	26
479	73	72
540	21	23
541	51	52
543	90	93
544	58	60
546	125	127
549	82	83
550	250	256
552	73	74
553	21	22
555	64	66
558	38	39
559	4	5
566	56	57
578	7	8
581	30	32
585	73	75
705	59	64
708	107	102

General Documentation
FY1994 Inpatient Hospital Discharge Database

3. Data Discrepancies and Correction Responses Received from Hospitals

Quincy Hospital reported discrepancies in the areas of Ancillary Charges and DRGs. With respect to the DRGs, Quincy Hospital used the New York Grouper Version 8.1 to group only Blue Cross and Baystate Health Care Discharges. All other discharges were grouped using the HCFA Grouper. As such, discharges that qualified for DRG #607-628, Neo-Natal Birthweight 1,000-2,499 default to DRG #629, because birthweights are not on the quarterly tape except for Blue Cross and Baystate Health Care discharges. The hospital has provided the following corrections to its FY1994 verification report.

QUINCY HOSPITAL		
Category	MRSC	Hospital
Ancillary Charges		
Laboratory	9,551	15,012
X-Ray	6,867	9,088
DRG's		
With the exception of Blue Cross and Baystate discharges, all neo-natal birth weight 1,000-2,499 grams discharges are defaulting to DRG #629.		

General Documentation
FY1994 Inpatient Hospital Discharge Database

3. Data Discrepancies and Correction Responses Received from Hospitals

Saint Vincent Hospital reported discrepancies in the areas of Ancillary Charges, Payor, and Source of Admission. The hospital has provided the following explanations.

Source of Admission:

The number of admissions from the emergency room should have been larger because there were admissions from the ER in the quarter ending 12/31/93 that are not properly classified in this summary.

It is difficult to distinguish the ICF transfers from the SNF transfers because often the ICF is a floor or unit within a SNF. Although there are no transfers from ICF shown for the last two quarters of the year, there were certainly some which we were unable to quantify on the tape with confidence.

Primary Payor Type:

Due to changes to payor coding required by the Rate Setting Commission on the new tape format, for the first quarter of the fiscal year (10-1-93 thru 12-31-93) 1,053 Medicare Managed Care discharges were included in the Medicare category.

Ancillary Charges:

Revenue groupings for the first quarter were accomplished by using cost center data and “forcing” it into a UB code. Beginning with the second quarter, revenue was accumulated using the actual UB code assigned to a given revenue code. Therefore there is some inconsistency in the data between quarters.

General Documentation
FY1994 Inpatient Hospital Discharge Database

3. Data Discrepancies and Correction Responses Received from Hospitals

UMASS Medical Center reported discrepancies in the areas of Routine Days and Special Care Days. The hospital stated that the variances were due to mapping issues, which were corrected in December and February. The hospital has provided the following corrections to its FY1994 verification report.

UMASS MEDICAL CENTER		
Category	MRSC	Hospital
Accommodation Information		
Days		
Medical/Surgical	Days are OVERstated by approximately 3,900 days	
Pediatrics	Days are UNDERstated by approximately 3,800 days	
Burn Unit	Days are UNDERstated by approximately 64 days	

General Documentation
FY1994 Inpatient Hospital Discharge Database

3. Data Discrepancies and Correction Responses Received from Hospitals

Winchester Hospital reported discrepancies in the areas of Accommodation Charges and Routine Days. The hospital has provided the following corrections to its FY1994 verification report.

WINCHESTER HOSPITAL		
Category	MRSC	Hospital
Accommodation Information		
Newborn		
Days	7,813	4,604
Charges	4,444,584	1,858,868
Neo-Natal ICU		
Days	0	3,220
Charges	0	2,590,100

General Documentation
FY1994 Inpatient Hospital Discharge Database

4. Hospitals with Special Circumstances

Two hospitals, Baystate Medical Center and New England Baptist Hospital, provided the MRSC with information relative to specific discharges contained in the database. As explained in the Technical Documentation, these specific discharges have been “flagged”. The purpose of the “flag” is to alert users of the data that these specific discharges are atypical discharges. Following this page are letters and memos the hospitals have provided for inclusion in the documentation. These letter and memos explain why the hospitals believe the discharges to be atypical.

The discharges that have been “flagged” for Baystate Medical Center are those patients who were discharged from the hospital’s licensed long-term care unit.

The discharges that have been “flagged” for New England Baptist Hospital are those patients who were discharge from the hospital’s licensed SNF unit. These discharges were erroneously included with the hospital’s second quarter data, but, appropriately, were not included with the data submitted for the other three quarters.

Please refer to the letters and memos which follow for a more detailed discussion of these discharges.

General Documentation
FY1994 Inpatient Hospital Discharge Database

Text of Letter Received from Baystate Medical Center – December 16, 1994

Enclosed is a letter describing the patient population on the Long Term Care Unit (Wesson Memorial Unit) at Baystate Medical Center. This unique unit provides a great service to an extremely ill population. The services provided are sometimes acute but more often subacute, chronic, and palliative, depending upon the need of the individual patient. However, the majority of patients are there with the expectation that their diseases are incurable. Therefore, the actual mortality rate and lengths-of-stay are what is expected from this gravely ill population.

Unfortunately, as we had discussed, the insidious use of this data by unknowledgeable third parties as a means of “measuring outcomes” from acute hospitalizations is terribly misleading. If Baystate Medical Center must submit the claims data on this population mixed with the acute care data sets of all our patients, there must be an alternative database to which this data is transmitted and stored.

In addition, **physician specific data** attached to this patient population must be teased out from the acute data sets in order to prevent inappropriate harassment of the physicians caring for these patients who would *appear* to have high death rates and long lengths of stay, as well as high total charges and possibly greater numbers of complications – all of which have nothing to do with the capabilities of the attending physicians who are associated with the discharges of these patients. This is particularly true for the physicians who have served as Medical Directors of the Unit who would have grossly distorted data, particularly if these physicians only care for patients on the Long Term Care Unit (e.g., myself).

Signed,
Leslie G. Selbovitz, M.D.
Medical Director, Quality, Utilization Risk
Management and Long Term Care

General Documentation
FY1994 Inpatient Hospital Discharge Database

Memorandum Received from Baystate Medical Center

TO: Jerry Johnson
Director, Patient Systems

FROM: Leslie G. Siebovitz, M.D.
Medical Director, Quality Assessment
Utilization Review, Risk Management
And Long Term Care

DATE: October 5, 1994

SUBJECT: PATIENT MIX ON THE LONG TERM CARE UNIT (WEST 3)

There are a variety of patients requiring long-term care on this geographically separated Unit. Below are examples of patient populations:

1. End stage chronic organ failure for which attempts at out of hospital placement have been unsuccessful and periodically require acute hospital level of care.
2. Patients requiring 24 hour per day parenteral pain management, including epidurally, intravenously and subcutaneously.
3. End stage AIDS and cancer patients who cannot receive appropriate intensity of services out of hospital despite efforts at placement.
4. Alzheimer and other chronic degenerative diseases of the brain who have failed to gain placement out of hospital.
5. Patients with ongoing respiratory compromise who are maintained without ventilators due to the high intensity intervention by nurses and respiratory therapists.
6. Patients requiring hyperalimentation.
7. Patients requiring peritoneal dialysis with unstable cardiac status.
8. Long term parenteral antibiotic administration for endocarditis or osteomyelitis.
9. Patients requiring aggressive interventions for Stage III and Stage IV decubiti superimposed upon other chronic medical illnesses.

Patients gain admission with these long-term care problems by one of two scenarios. First, since the Unit is licensed under the hospital's acute care license, the majority of patients come into the Springfield Hospital Unit (North Campus) having met acute hospital level of care criteria. Patients from the acute care units are subsequently transferred to the Long Term Care Facility (South Campus) due to the inability to find alternative facilities – independent of the “leveling” which is done in accordance with Medicare and Medicaid criteria for acute hospital level of care, skilled nursing facility level of care (active searches for SNF takes place), ANDs (administratively necessary days) or outright termination of benefits. Rarely, a patient meeting acute hospital level criteria will be admitted directly to the Long Term Care Unit. In essence, much subacute care is provided as well as chronic care.

The other principal route of admission to the Unit is for hospice patients through a contract with Pioneer Valley Hospice.

General Documentation
FY1994 Inpatient Hospital Discharge Database

Memorandum Received from Baystate Medical Center – Page Two

This 50-bed Unit has approximately 150 discharges per year, of which approximately 65% die expectedly. The length of stay ranges from a few weeks to several months to years (the latter for the chronics who cannot find placement elsewhere).

The Long Term Care Unit is separately surveyed and accredited by the JCAHO as a Long Term Care facility.

General Documentation
FY1994 Inpatient Hospital Discharge Database

BAYSTATE MEDICAL CENTER			
FY'94 Patients Discharged from Long Term Care Unit (Reported on RSC Tapes in Accommodation Code 209)			
DRG	LTCU Days	RSC Code	Routine Charges
0004	46	20	\$17,555.80
0007	14	6	\$5,320.00
0010	53	20	\$20,185.60
0010	1	20	\$380.00
0010	19	20	\$7,464.20
0010 - Total	73	20	\$28,029.80
0011	17	20	\$6,460.00
0012	80	1	\$30,400
0014	1,948	20	\$573,488.90
0014	3,481	20	\$864,038.70
0014	1,596	20	\$526,681.70
0014 – Total	7,025	20	\$1,964,209.30
0020	7	20	\$2,879.00
0024	13	1	\$4,940.00
0024	3	20	\$1,140.00
0024 – Total	16		\$6,080.00
0034	10	20	\$3,800.00
0049	58	12	\$22,055.20
0064	3	20	\$1,140.00
0064	8	1	\$3,040.00
0064 - Total	11		\$4,180.00
0075	8	20	\$3,040.00
0076	1	20	\$380.00
0079	447	3	\$164,000.70
0082	6	6	\$2,280.00
0082	8	20	\$3,040.00
0082	22	20	\$8,360.00
0082	29	20	\$11,020.00
0082	20	4	\$8,089.40
0082	17	20	\$6,745.10
0082	18	20	\$6,840.00
0082	5	20	\$1,900.00
0082	4	3	\$1,557.90
0082	3	20	\$1,140.00
0082 – Total	132		\$50,972.40

General Documentation
FY1994 Inpatient Hospital Discharge Database

BAYSTATE MEDICAL CENTER			
FY'94 Patients Discharged from Long Term Care Unit (Reported on RSC Tapes in Accommodation Code 209)			
DRG	LTCU Days	RSC Code	Routine Charges
0088	68	6	\$25,840.00
0088	128	1	\$63,816.00
0088	29	3	\$11,297.20
0088	28	20	\$10,465.00
0088	21	20	\$8,336.50
0088- Total	274		\$119,754.70
0104	33	6	\$12,870.20
0126	6	1	\$2,280.00
0127	4	3	\$1,520.00
0127	10	20	\$3,800.00
0127	1	20	\$380.00
0127 - Total	15		\$5,700.00
0132	6	20	\$2,280.00
0148	31	1	\$12,235.25
0148	739	20	\$283,697.00
0148 - Total	770		\$295,932.25
0172	35	6	\$13,311.50
0172	3	20	\$1,140.00
0172	25	20	\$9,762.30
0172 - Total	63		\$24,213.80
0173	15	20	\$5,740.00
0173	20	20	\$7,996.10
0173 - Total	35		\$13,736.10
0182	16	20	\$6,080.00
0182	214	6	\$82,220.50
0182 - Total	230		\$88,300.50
0188	34	3	\$12,920.00
0189	35	3	\$14,509.50
0197	21	6	\$7,980.00
0203	6	20	\$2,280.00
0203	5	20	\$1,900.00
0203	1	20	\$380.00
0203	7	20	\$2,781.40
0203	5	20	\$1,900.00
0203 - Total	24		\$9,241.40
0204	16	20	\$6,186.40
0205	24	20	\$9,120.00

General Documentation
FY1994 Inpatient Hospital Discharge Database

BAYSTATE MEDICAL CENTER			
FY'94 Patients Discharged from Long Term Care Unit (Reported on RSC Tapes in Accommodation Code 209)			
DRG	LTCU Days	RSC Code	Routine Charges
0218	23		\$8,565.00
0236	7	20	\$2,660.00
0236	14	3	\$5,320.00
0236 – Total	21		\$7,980.00
0239	94	20	\$35,720.00
0239	49	20	\$22,773.30
0239	1	20	\$380.00
0239	52	20	\$20,261.20
0239	11	20	\$12,603.80
0239	45	20	\$17,100.00
0239	84	20	\$31,920.00
0239	11	20	\$4,390.70
0239	10	6	\$3,800.00
0239	11	20	\$4,390.70
0239 - Total	368		\$153,339.70
0244	48	1	\$18,240.00
0272	7	20	\$2,660.00
0274	2	20	\$760.00
0277	36	6	\$13,608.80
0296	30	3	\$11,400.00
0296	137	20	\$52,060.00
0296 - Total	167		\$63,460.00
0315	28	12	\$11,249.50
0315	76	1	\$28,480.00
0315 - Total	104		\$39,729.50
0316	2	20	\$760.00
0316	29	1	\$13,337.30
0316	1	20	\$380.00
0316 – Total	32		\$14,477.30
0318	2	20	\$760.00
0318	4	20	\$1,520.00
0318	35	20	\$14,373.10
0318 – Total	41		\$16,653.10
0331	129	20	\$59,683.85
0336	198	20	\$75,240.00
0341	8	20	\$3,040.00
0359	12	3	\$4,560.00
0366	8	20	\$3,201.50
0366	9	20	\$3,420.00
0366 – Total	17		\$6,621.50

General Documentation
FY1994 Inpatient Hospital Discharge Database

BAYSTATE MEDICAL CENTER			
FY'94 Patients Discharged from Long Term Care Unit (Reported on RSC Tapes in Accommodation Code 209)			
DRG	LTCU Days	RSC Code	Routine Charges
0403	3	20	\$1,140.00
0403	3	20	\$1,428.50
0403	4	6	\$1,520.00
0403	10	20	\$3,916.00
0403	18	20	\$7,210.90
0403 - Total	38		\$15,215.40
0404	1	20	\$380.00
0404	17	20	\$6,460.00
0404 - Total	18		\$6,840.00
0410	2	12	\$760.00
0414	19	20	\$7,430.70
0425	28	1	\$10,825.70
0426	122	1	\$46,938.50
0429	6	20	\$2,280.00
0429	111	1	\$42,180.00
0429 - Total	117		\$44,460.00
0440	56	6	\$21,280.00
0463	5	6	\$1,900.00
0468	34	6	\$18,912.30
0470	67	20	\$29,407.15
0470	35	1	\$14,335.00
0470 - Total	102		\$43,742.15
0478	43	20	\$16,340.00
0483	157	20	\$59,857.20
0483	182	12	\$69,978.80
0483	105	12	\$39,980.80
0483	14	6	\$5,833.10
0483 - Total	458		\$175,649.90
0489	24	20	\$9,120.00
0489	29	1	\$11,020.00
0489 - Total	53		\$20,140.00
0490	318	20	\$119,950.70
0490	102	20	\$39,148.50
0490	23	20	\$8,740.00
0490	7	20	\$2,870.30
0490 - Total	450		\$170,709.50
0532	1	20	\$380.00
0532	326	20	\$120,457.10
0532 - Total	327		\$120,837.10

General Documentation
FY1994 Inpatient Hospital Discharge Database

BAYSTATE MEDICAL CENTER			
FY'94 Patients Discharged from Long Term Care Unit (Reported on RSC Tapes in Accommodation Code 209)			
DRG	LTCU Days	RSC Code	Routine Charges
0533	3,301	20	\$839,416.40
0533	28	6	\$10,916.00
0533	51	3	\$19,651.40
0533 - Total	3,380		\$869,983.80
0539	31	20	\$14,088.30
0540	2	20	\$1,030.50
0541	21	20	\$7,955.00
0541	20	1	\$7,400.00
0541	8	6	\$3,250.70
0541 - Total	49		\$18,605.70
0544	8	6	\$3,040.00
0549	2,133	20	\$631,720.90
0551	47	1	\$17,860.00
0552	7	20	\$2,660.00
0552	2	6	\$760.00
0552 - Total	9		\$3,420.00
0561	10	20	\$3,959.70
0561	33	6	\$12,884.90
0561 - Total	43		\$16,844.60
0566	33	6	\$12,599.40
0566	167	6	\$61,835.00
0566	7	20	\$2,660.00
0566 - Total	207		\$77,094.40
0569	20	20	\$7,600.00
0582	112	20	\$42,805.20
0585	460	20	\$174,744.15
0702	1	7	\$380.00
0702	30	20	\$11,764.80
0702 - Total	31		\$12,144.80
0707	45	20	\$17,129.70
0707	60	20	\$26,984.60
0707 - Total	105		\$44,114.30
0708	26	20	\$9,925.60
0708	26	20	\$9,880.00
0708	5	20	\$1,900.00
0708	16	1	\$6,109.10
0708 - Total	73		\$27,814.70

General Documentation
FY1994 Inpatient Hospital Discharge Database

BAYSTATE MEDICAL CENTER			
FY'94 Patients Discharged from Long Term Care Unit (Reported on RSC Tapes in Accommodation Code 209)			
DRG	LTCU Days	RSC Code	Routine Charges
0730	117	12	\$44,779.00
0732	29	1	\$11,020.00
0757	76	12	\$28,909.70
156	19,548		\$6,192,607.10

General Documentation
FY1994 Inpatient Hospital Discharge Database

New England Baptist Hospital submitted the following statement regarding the 1994 Case Mix Tapes. The second quarter 1994 case mix tapes accepted by the Rate Setting Commission contained 48 skilled nursing facility discharges. Totals associated with these claims are listed below and should be removed from case mix tape totals to show acute care hospital activity for the period.

In addition, 125 second quarter and 115 first quarter Worker's Compensation discharges were grouped with commercial insurance on the 1994 case mix tapes. Totals associated with the second quarter only are listed below. SNF a/c included in case mix tape submitted to RSC for 2nd quarter, fiscal 1994:

NEW ENGLAND BAPTIST HOSPITAL – 48 SNF DISCHARGES	
Routine Charges	\$144,000
Ancillary Charges	\$254,004
Total Charges	\$398,004
By Payors	
Medicare	36
Blue Cross	4
Comm. Ins.	3
Medicaid	2
Work Com	1
Self-Pay	1
Bay State	1
Total	48
By Sex	
Male	12
Female	36
By DRG	
88	1
182	1
188	3
235	2
242	1
243	2
244	9
245	15
249	9
256	2
296	2
366	1
403	1
Total	48

General Documentation
FY1994 Inpatient Hospital Discharge Database

NEW ENGLAND BAPTIST HOSPITAL – 48 SNF DISCHARGES	
By Race	
White	41
Black	6
Unknown	1
Average Age	67.19
By Diagnosis Codes	
0	0
1	0
2	3
3	3
4	8
5	9
6	3
7	5
8	8
9	9
Total	48
Days	576
ALOS	12.00
By Procedure Codes	
0	43
1	5
Disposition	
Discharged to Home Health	46
Home	2
Month of Discharge	
March	48

General Documentation
FY1994 Inpatient Hospital Discharge Database

New England Baptist Hospital – Worker's Comp Discharges included as Commercial Insurance on second quarter 1994 case-mix tape.

NEW ENGLAND BAPTIST HOSPITAL	
Routine Charges	\$319,950
Ancillary Charges	\$935,409
Total Charges	\$1,255,359
By Sex	
Male	88
Female	37
By DRG	
4	1
6	1
19	1
209	13
210	1
218	2
219	4
222	10
223	2
224	5
227	1
228	3
229	2
231	6
232	1
243	2
249	1
271	1
278	1
418	1
461	1
468	1
471	1
755	9
756	22
757	1
758	31

General Documentation
FY1994 Inpatient Hospital Discharge Database

NEW ENGLAND BAPTIST HOSPITAL – Worker’s Comp Charges included on Commercial Insurance	
By Race	
White	117
Black	14
Hispanic	4
Average Age	41.85
By Diagnosis Codes	
0	0
1	39
2	39
3	19
4	12
5	6
6	6
7	2
8	0
9	2
Total	125
Days	450
ALOS	3.60
By Procedure Codes	
0	3
1	57
2	39
3	22
4	4
5	0
6	0
7	0
8	0
9	0
Disposition	39
Discharged to Home	109
Home Health	13
SNF	2
Other	1
Month of Discharge	
Jan	33
Feb	51
March	41

General Documentation
FY1994 Inpatient Hospital Discharge Database

PART 4 – CAUTIONARY USE FILE

General Documentation
FY1994 Inpatient Hospital Discharge Database

Part 4 – Cautionary Use File

This file contains data from those hospitals which either submitted fewer than four quarters of data or submitted less than four quarters of data which passed the edit program.

Eleven hospitals failed to submit all four quarters of data which met the requirements of Regulation 114.1 CMR 17.00.

Adcare Hospital: Submitted data for quarters one and two passed the edit program. No submission for quarters three and four.

Falmouth Hospital: Submitted data for quarters one and two passed the edit program. Quarters three and four did not pass the edit program due to overall programming problems.

Good Samaritan – Cardinal Cushing Campus: Due to fire, the hospital did not accept patients in the fourth quarter. Submitted data for quarters one, two, and three passed the edit program.

Haverhill Municipal Hospital: Submitted data for quarters one, three, and four passed the edit program. Quarter two data did not pass the edit program due to revenue code and charge errors.

Heritage Hospital: Hospital converted to a non-acute hospital effective 6/1/94. Submitted data for quarters one, two, and three passed the edit program. No submission for quarter four.

Mass. Eye & Ear Infirmary: Submitted data for quarters two, three, and four passed the edit program. Quarter one data did not pass the edit program due to ambulatory surgery and observation admissions. (Please refer to the Hospital's comments which follow this page.)

Melrose-Wakefield Hospital: Submitted data for quarters one and two passed the edit program. Quarters three and four did not pass the edit program due to overall programming problems.

Providence Hospital: Submitted data for quarters one, three, and four passed the edit program. Quarter two data did not pass the edit program due to omission of 44 discharges from the tape.

Somerville Hospital: Submitted data for quarter one passed the edit program. Submitted data for quarters two, three, and four did not pass the edit program due to overall programming problems.

Transitional Hospital Corporation: Submitted data for quarters one and two passed the edit program. No submission for quarters three and four.

Winthrop Hospital: Hospital closed 6/3/94. Submitted data for quarter one passed the edit program. No submission for quarters two, three, and four.

General Documentation
FY1994 Inpatient Hospital Discharge Database

Letter Received from Mass. Eye & Ear Infirmary – November 1, 1995

The Massachusetts Eye & Ear Infirmary has specific issues regarding Ambulatory Surgery/Observation admits, that affect the Rate Setting edits for FY1994.

The Massachusetts Eye & Ear Infirmary has many cases of Ambulatory Surgery/Observation, which may be admitted the following day. The patients are admitted for diagnosis of a post-operative complication such as nausea, vomiting and the surgery date is prior to the admit date. This presents a problem with the Rate Setting Commission edit “procedure date cannot precede the admit date”.

Our request for two new admit source fields, Ambulatory Surgery and Observation were granted. This solves the edit problem for cases beginning in FY1995 but continues to create data errors for FY1994 data.

PART 5 – ATTACHMENTS

Attachment I – Type A & Type B Errors, and the Graduated Edit Plan

Attachment II – Content of Verification Report Package

Attachment III – Profile: Hospital, Address, DPH Hospital ID Number

Attachment IV – Summary: Mergers, Name Changes, Closures & Conversions

General Documentation
FY1994 Inpatient Hospital Discharge Database
Attachment I – Type A & B Errors, Graduated Edit Plan

TYPE 'A' ERRORS

Record Type
Submitter Name
Receiver ID
DPH Hospital Computer Number
Type of Batch
Period Starting Date
Period Ending Date
Patient Medical Record Number
Patient Sex
Patient Birth Date
Patient Over 100 Years Old
Admission Date
Discharge Date
Patient Status
Billing Number
Claim Certificate Number
Primary Source of Payment
Primary Payor Type
Secondary Payor Type
Revenue Code
Units of Service
Total Charges (by Revenue Code)
Principal Diagnosis Code
Associate Diagnosis Code (I-IV)
Principal Procedure Code
Significant Procedure Codes (I-II)
Number of ANDs
Physical Record Count
Record Type 2x Count
Record Type 3x Count
Record Type 4x Count
Record Type 5x Count
Total Charges: Special Services
Total Charges: Routine Services
Total Charges: Accommodations
Total Charges: Ancillaries
Total Charges: All Charges
Number of Discharges
Submitter Employer Identification Number (EIN)
Number of Providers on Tape
Count of Batches
Batch Counts (11, 22, 33, 99)

General Documentation
FY1994 Inpatient Hospital Discharge Database

Attachment I – Type A & B Errors, Graduated Edit Plan - Continued

TYPE B ERRORS

Patient Race

Type of Admission

Source of Admission

Patient Zip Code

Attending Physician Numbers (Board of Registration & Hospital internal)

Operating Physician Numbers (Board of Registration & Hospital internal)

Date of Principal Procedure

Date of Significant Procedures (I & II)

Veteran Status

Patient Social Security Number

Birth Weight in Grams

External Cause of Injury Code

Secondary Source of Payor

General Documentation
FY1994 Inpatient Hospital Discharge Database

Attachment I – Type A & B Errors, Graduated Edit Plan – Continued

GRADUATED EDIT PLAN

Beginning January 1, 1994

	January – March	April - June	July...
Existing Data Elements			
All Data Elements Except:	Original A or B Error	Original A or B Error	Original A or B Error
Veteran's Status	B Error	B Error	B Error
Expanded Data Elements			
Primary Payor Type	A Error	A Error	A Error
Secondary Payor Type	C Error	B.1 Error	A Error
Patient Disposition	A Error	A Error	A Error
Admission Source	B Error	B Error	B Error
New Data Elements			
All New Data Elements	C Error	B.1 Error	Reverts to New A or B Error
Primary Source of Payment	C Error	B.1 Error	A Error
Patient Social Security Number	C Error	B.1 Error	B Error
Birth Weight-Grams	C Error	B.1 Error	B Error
Secondary Source of Payment	C Error	B.1 Error	B Error
External Cause of Injury Code	C Error	B.1 Error	B Error
Attending Physician License Number (Board of Registration in Medicine Number)	C Error	B.1 Error	B Error
Physician License Number (Board of Registration in Medicine Number)	C Error	B.1 Error	B Error
Submission Dates	July 31, 1994 120 Days	October 31, 1994 120 Days	December 1, 1994 90 Days

General Documentation
FY1994 Inpatient Hospital Discharge Database

Attachment I – Type A & B Errors, Graduated Edit Plan – Continued

ADMINISTRATIVE BULLETIN 93-01

Conditions for Rejecting a Patient Discharge
Beginning January 1, 1994

January - March	April - June	July...
Presence of one or more error flags for Category A elements	Presence of one or more error flags for category A elements	Presence of one or more error flags for Category A elements
Presence of two or more error flags for Category B elements	Presence of two or more error flags for Category B elements	Presence of two or more error flags for Category B elements
Note: Presence of error flags for Category C elements will not be counted toward the one percent error rate.	Presence of one error flag for Category B elements plus presence of two or more error flags for Category B.1 elements	Note: Category B.1 errors are no longer in effect.
	Presence of three or more error flags for Category B.1 elements	
	Note: Category C errors are no longer in effect for new data elements.	

General Documentation
FY1994 Inpatient Hospital Discharge Database

Attachment II

Contents of Hospital Verification Report Package

- Seven Page Frequency Distribution Report containing the following data elements:
 - Total Number of Discharges
 - Type of Admission
 - Source of Admission
 - Month of Discharge
 - Age
 - Sex
 - Race
 - Payor
 - Length of Stay
 - Disposition Status
 - Number of Diagnosis Codes Used per Patient
 - Number of Procedure Codes Used per Patient
 - Accommodation Charge Information
 - Ancillary Charge Information
- Complete Listing of Discharges per DRG
- Top 20 DRG's in Rank Order
- Major Diagnostic Categories (MDC's) in Rank Order
- Top 20 Principal E Codes
- Response Sheet: Completed by hospitals and returned to the Rate Setting Commission

NOTE: The hospital's profile of cases, grouped by AP-DRG 8.1, is part of the verification report. It is this grouped profile on which the hospitals commented. The Commission urged hospitals to use the All-Patient-DRG Grouper, Version 8.1 with the same system specifications as used by the MRSC.

General Documentation
FY1994 Inpatient Hospital Discharge Database

Attachment III – Hospital Profile: Hospital, Address, DPH Number

AdCare Hospital of Worcester, Inc.
107 Lincoln Street
Worcester, MA 01605
DPH ID #: 2022

Addison Gilbert Hospital
298 Washington Street
Gloucester, MA 01930
DP H ID #: 2016

Anna Jaques Hospital
25 Highland Avenue
Newburyport, MA 01950
DPH ID #: 2006

Athol Memorial Center
2033 Main Street
Athol, MA 01331
DPH ID #: 2226

AtlantiCare Medical Center
212 Boston Road
Lynn, MA 01904
DPH ID #: 2073

Baystate Medical Center, Inc.
759 Chestnut Street
Springfield, MA 01199
DPH ID #: 2339

Berkshire Medical Center
725 North Street
Pittsfield, MA 01201
DPH ID #: 2313

Beth Israel Hospital
330 Brookline Avenue
Boston, MA 02215
DPH ID #: 2069

Beverly Hospital Corporation
Herrick Street
Beverly, MA 01915
DPH ID #: 2007

Boston City Hospital
818 Harrison Avenue
Boston, MA 02118
DPH ID #: 2307

General Documentation
FY1994 Inpatient Hospital Discharge Database

Attachment III – Hospital Profile: Hospital, Address, DPH Number

Brigham & Women's Hospital
10 Vining Street
Boston, MA 02115
DPH ID #: 2921

Brockton Hospital
680 Centre Street
Brockton, MA 02402
DPH ID #: 2118

Cambridge Hospital
1493 Cambridge Street
Cambridge, MA 02139
DPH ID #: 2108

Cape Cod Hospital
27 Park Street
Hyannis, MA 02601
DPH ID #: 2135

Carney Hospital
2100 Dorchester Avenue
Boston, MA 02124
DPH ID #: 2003

Charlton Memorial Hospital
Highland Avenue @ New Boston Road
Fall River, MA 02720
DPH ID #: 2337

Children's Hospital
300 Longwood Avenue
Boston, MA 02115
DPH ID #: 2139

Clinton Hospital
201 Highland Street
Clinton, MA 01510
DPH ID #: 2126

Cooley Dickinson Hospital, Inc.
30 Locust Street
Northhampton, MA 01061-5001
DPH ID #: 2155

Dana Farber Cancer Institute
44 Binney Street
Boston, MA 02115-6084
DPH ID #: 2335

General Documentation
FY1994 Inpatient Hospital Discharge Database

Attachment III – Hospital Profile: Hospital, Address, DPH Number

Deaconess-Glover Hospital
148 Chestnut Street
Needham, MA 02192
DPH ID #: 2054

Deaconess-Nashoba Community Hospital
200 Groton Road
Ayer, MA 01432
DPH ID #: 2298

Emerson Hospital
P.O. Box 9120
Concord, MA 01742-9120
DPH ID #: 2018

Fairview Hospital
29 Lewis Avenue
Great Barrington, MA 01230
DPH ID #: 2052

Falmouth Hospital
100 Ter Heun Avenue
Falmouth, MA 02540
DPH ID #: 2289

Faulkner Hospital
1153 Centre Street
Boston, MA 02130
DPH ID #: 2048

Franklin Medical Center
164 High Street
Greenfield, MA 01301
DPH ID #: 2120

Good Samaritan Medical Center - Cardinal Cushing & Goddard Campus
909 Summer Street
Stoughton, MA 02072
DPH ID #: 2311 (Cushing) #2101 (Goddard)

Harrington Memorial Hospital
100 South Street
Southbridge, MA 01550-8002
DPH ID #: 2143

Haverhill Municipal Hale Hospital
140 Lincoln Avenue
Haverhill, MA 01830
DPH ID #: 2131

General Documentation
FY1994 Inpatient Hospital Discharge Database

Attachment III – Hospital Profile: Hospital, Address, DPH Number

Health Alliance Hospital, Inc. – Burbank Campus & Leominster Campus
275 Nichols Road
Fitchburg, MA 01420
DPH ID #: 2034 (Burbank), #2127 (Leominster)

Henry Heywood Memorial Hospital
242 Green Street
Gardner, MA 01440
DPH ID #: 2036

Heritage Hospital
26 Central Street
Somerville, MA 02143
DPH ID #: 2119

Hillcrest Hospital
165 Tor Court
Pittsfield, MA 01201
DPH ID #: 2231

Holy Family Hospital
70 East Street
Methuen, MA 01844
DPH ID #: 2225

Holyoke Hospital, Inc.
575 Beech Street
Holyoke, MA 01040
DPH ID #: 2145

Hubbard Regional Hospital
340 Thompson Road
Webster, MA 01570
DPH ID #: 2157

Jordan Hospital, Inc.
275 Sandwich Street
Plymouth, MA 02360
DPH ID #: 2082

Lahey Clinic Hospital, Inc.
41 Mall Road
Burlington, MA 01805
DPH ID #: 2033

Lawrence General Hospital
One General Street – P.O. Box 189
Lawrence, MA 01842-0389
DPH ID #: 2099

General Documentation
FY1994 Inpatient Hospital Discharge Database

Attachment III – Hospital Profile: Hospital, Address, DPH Number

Lawrence Memorial Hospital
170 Governors Avenue
Medford, MA 02155
DPH ID #: 2038

Lowell General Hospital
295 Varnum Avenue
Lowell, MA 01854
DPH ID #: 2040

Ludlow Hospital
14 Chestnut Place
Ludlow, MA 01056
DPH ID #: 2160

Malden Hospital
100 Hospital Road
Malden, MA 02148
DPH ID #: 2041

Marlborough Hospital
57 Union Street
Marlborough, MA 01752
DPH ID #: 2103

Martha's Vineyard Hospital
P.O. Box 1477
Oak Bluffs, MA 02557
DPH ID #: 2042

Mary Lane Hospital
85 South Street
Ware, MA 01082
DPH ID #: 2148

Massachusetts Eye & Ear Infirmary
243 Charles Street
Boston, MA 02114
DPH ID #: 2167

Massachusetts General Hospital
55 Fruit Street
Boston, MA 02114
DPH ID #: 2168

The Medical Center of Central MA
119 Belmont Street
Worcester, MA 02715
DPH ID #: 2077

General Documentation
FY1994 Inpatient Hospital Discharge Database

Attachment III – Hospital Profile: Hospital, Address, DPH Number

Melrose-Wakefield Hospital
585 Lebanon Street
Melrose, MA 02176
DPH ID #: 2058

Mercy Hospital
271 Carew Street
Springfield, MA 01102
DPH ID #: 2149

MetroWest Medical Center, Inc.
67 Union Street
Natick, MA 01760
DPH ID #: 2020

Milford-Whitinsville Hospital
14 Prospect Street
Milford, MA 01757
DPH ID #: 2105

Milton Medical Center
92 Highland Street
Milton, MA 02186
DPH ID #: 2227

Morton Hospital & Medical Center
88 Washington Street
Taunton, MA 02780
DPH ID #: 2022

Mount Auburn Hospital
330 Mt. Auburn Street
Cambridge, MA 02138
DPH ID #: 2071

Nantucket Cottage Hospital
57 Prospect Street
Nantucket, MA 02554
DPH ID #: 2044

New England Baptist Hospital
125 Parker Hill Avenue
Boston, MA 02120
DPH ID #: 2059

New England Deaconess Hospital
185 Pilgrim Road
Boston, MA 02215
DPH ID #: 2092

General Documentation
FY1994 Inpatient Hospital Discharge Database

Attachment III – Hospital Profile: Hospital, Address, DPH Number

New England Medical Center
750 Washington Street
Boston, MA 02111
DPH ID #: 2299

New England Memorial Hospital
5 Woodland Road
Stoneham, MA 02180
DPH ID #: 2060

Newton-Wellesley Hospital
2014 Washington Street
Newton, MA 02162
DPH ID #: 2075

The Trustees of Noble Hospital, Inc.
115 West Silver Street
Westfield, MA 01086-1634
DPH ID #: 2076

North Adams Regional Hospital
Hospital Avenue
North Adams, MA 01247
DPH ID #: 2061

Norwood Hospital
800 Washington Street
Norwood, MA 02062
DPH ID #: 2114

Providence Hospital
1233 Main Street
Holyoke, MA 01040
DPH ID #: 2150

Quincy Hospital
114 Whitwell Street
Quincy, MA 02169
DPH ID #: 2151

Saints Memorial Medical Center
Hospital Drive
Lowell, MA 01852
DPH ID #: 2063

Salem Hospital
81 Highland Avenue
Salem, MA 01970
DPH ID #: 2014

General Documentation
FY1994 Inpatient Hospital Discharge Database

Attachment III – Hospital Profile: Hospital, Address, DPH Number

Somerville Hospital
230 Highland Avenue
Somerville, MA 02143
DPH ID #: 2001

South Shore Hospital, Inc.
55 Fogg Road
South Weymouth, MA 02190
DPH ID #: 2107

Southwood Community Hospital
111 Dedham Street
Norfolk, MA 02056
DPH ID #: 2856

St. Anne's Hospital
795 Middle Street
Fall River, MA 02721
DPH ID #: 2011

St. Elizabeth's Hospital
736 Cambridge Street
Boston, MA 02135
DPH ID #: 2085

St. Luke's Hospital of New Bedford
101 Page Street
New Bedford, MA
DPH ID #: 2010

St. Vincent Hospital, Inc.
25 Winthrop Street
Worcester, MA 01604
DPH ID #: 2128

Sturdy Memorial Hospital
211 Park Avenue
Attleboro, MA 02703-0649
DPH ID #: 2100

Symmes Hospital, Inc.
39 Hospital Road
Arlington, MA 02174
DPH ID #: 2089

Tobey Hospital, 43 High Street
Wareham, MA 02571 - DPH ID #: 2106

General Documentation
FY1994 Inpatient Hospital Discharge Database

Attachment III – Hospital Profile: Hospital, Address, DPH Number

Transitional Hospital Corporation - (formerly JB Thomas Hospital)
15 King Street
Peabody, MA 01960
DPH ID #: 2171

University Medical Center
88 East Newton Street
Boston, MA 02118
DPH ID #: 2084

University of Massachusetts Medical Center
55 Lake Avenue
North Worcester, MA 01655
DPH ID #: 2841

Vencor Hospital - (formerly Hahnemann Hospital)
1515 Commonwealth Avenue
Brighton, MA 02135
DPH ID #: 2091

Waltham/Weston Hospital
Hope Avenue
Waltham, MA 02254-9116
DPH ID #: 2067

Whidden Memorial Hospital
103 Garland Street
Everett, MA 02149-5095
DPH ID #: 2046

Winchester Hospital
41 Highland Avenue
Winchester, MA 01890
DPH ID#: 2094

Wing Memorial Hospital Corp.
40 Wright Street
Palmer, MA 01069-1187
DPH ID #: 2181

Winthrop Hospital - 40 Lincoln Street
Winthrop, MA 02152 - DPH ID #: 2013

General Documentation
FY1994 Inpatient Hospital Discharge Database

Attachment IV – Summary: Mergers, Name Changes, Closures & Conversions

MERGERS		
Original Entities	New Corporation	Effective Date
Boston Hospital for Women Peter Bent Brigham Robert Breck Brigham	Brigham & Women's Hospital	Early 1980's
Holden District Hospital Worcester Hahnemann Hospital Worcester Memorial Hospital	Medical Center of Central Massachusetts	1990
Leonard Morse Hospital – Natick Framingham Union Hospital	MetroWest Medical Center	January 1992
St. John's Hospital St. Joseph's Hospital	Saints Memorial Medical Center	October 1, 1993
Burbank Hospital – Fitchburg Leominster Hospital	Health Alliance, Inc.	1993
Cardinal Cushing – Brockton Goddard Memorial – Stoughton	Good Samaritan Medical Center	October, 1993
Norwood Community Hospital Southwood Hospital	Neponset Valley Health System	1992
Salem Hospital North Shore Children's Hospital	North Shore Medical Center	1990

General Documentation
FY1994 Inpatient Hospital Discharge Database

Attachment IV – Summary: Mergers, Name Changes, Closures & Conversions

NAME CHANGES		
Original Name	New Name	Comments
Bon Secours Hospital	Holy Family Hospital & Medical Center	
Central Hospital	Heritage Hospital	
Doctor's Hospital	AdCare	
Glover Memorial Hospital	Deaconess-Glover	
Hahnemann Hospital	Vencor, Inc.	Long term acute hospital
JB Thomas Hospital	Transitional Hospitals Corp.	Long term acute hospital
Lynn Hospital	Atlanticare Hospital	
Nashoba Community Hospital	Deaconess-Nashoba Hospital	
Quincy City Hospital	Quincy Hospital	

General Documentation
FY1994 Inpatient Hospital Discharge Database

Attachment IV – Summary: Mergers, Name Changes, Closures & Conversions

CLOSURES AND CONVERSIONS	
Amesbury Hospital	
Brookline Hospital	
Fairlawn Hospital	Converted to Non-Acute Hospital
Farren Memorial Hospital	
HCHP Hospital	
Heritage Hospital	Converted to Non-Acute Hospital
Hunt Memorial Hospital	
Mary Alley Hospital	
Massachusetts Osteopathic Hospital	
Parkwood Hospital	
Sancta Maria Hospital	Converted to Nursing Home
St. Luke's Hospital in Middleborough	
St. Margaret's Hospital for Women	
Winthrop Hospital	
Worcester City Hospital	

Note: Hospital closed unless otherwise indicated. Subsequent to closure some hospitals may have re-opened for uses other than an acute hospital, e.g., health care center, rehabilitation hospital.

Technical Documentation
FY1994 Inpatient Hospital Discharge Database

PART 6 - TECHNICAL DOCUMENTATION

FISCAL YEAR 1994 MERGED CASE MIX AND CHARGE DATA
VERSION 94.V02

NOVEMBER 10, 1995

Technical Documentation
FY1994 Inpatient Hospital Discharge Database

TECHNICAL DOCUMENTATION

Technical Documentation has six sections:

1. A page of physical specifications for the file(s) requested (following INDEX page);
2. Documentation on calculated fields;
3. A summary of the contents of the two data files;
4. Type of errors that can be discovered when preparing to do a study entitled 'Using The Massachusetts FY'94 Hospital Discharge Data';
5. Using FY '94 New/Expanded Fields;
6. Revenue Code Mappings
7. Alphabetical Payor Type List.

Physical specifications include items such as tape density and block size, and a description of the file structure.

Record layout gives a description of each field along with the starting and ending positions.

Calculated fields are age, newborn age in weeks, preoperative days, length of stay, UHIN Sequence Number and days between stays. Each description has three parts:

First is a description of any conventions. For example, how are missing values used?

Second is a brief description of how the fields are calculated. This description leaves out some of the detail. However, with the first section it gives a good working knowledge of the field.

Third is a detailed description of how the calculation is performed. This description follows the code very closely.

“Using the Massachusetts FY'94 Hospital Discharge Data” and “Utilizing FY'94 New/Expanded Fields” briefly emphasize the importance of looking at the data carefully before completing a study.

Technical Documentation
FY1994 Inpatient Hospital Discharge Database

AGE CALCULATION

A) Conventions:

1) Age is calculated if the date of birth and admission date are valid. If either one is invalid, then '999' is placed in this field.

All dates of birth that are greater than the admission date are assumed to be in the previous century, with the exception of newborns. Because some newborns are assigned a day of admission previous to their date of birth it is practical to check the MDC before calculating age.

Any hundred years older flag that would result in a patient being more than 124 is ignored.

Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements (i.e., if the admission type is newborn) in their analysis of this field.

B) Brief Description:

Age is calculated by subtracting the date of birth from the admission date. A 100-years-old flag is used for patients that are over 100 years old. If a patient has been assigned to a newborn DRG than they are assigned an age of zero.

C) Detailed Description:

- 1) If the patient has already had a birthday for the year, their age is calculated by subtracting the year of birth from the year of admission. If not, then the patient's age is the year of admission minus the year of birth, minus one.
- 2) If the result is negative (date of birth is assumed to be in the previous century) then 100 is added to the age.
- 3) If the age is 99 (the admission date is a year before the admission date or less) and the MDC is 15 (the patient is a newborn), then the age is assumed to be zero.
- 4) If the century code is equal to 1 and the age calculated so far is less than 25 then 100 is added to the age.

Technical Documentation
FY1994 Inpatient Hospital Discharge Database

NEWBORN AGE

A) Conventions:

- 1) Newborn age is calculated to the nearest week (the remainder is dropped). Thus, newborns zero to six days old are considered to be zero weeks old.
- 2) Discharges that are not newborns have '99' in this field.

B) Brief Description

Discharges less than one year old have their age calculated by subtracting the date of birth from the admission date. This gives the patient's age in days. This number is divided by seven, the remainder is dropped.

C) Detailed Description

- 1) If a patient is 1 year old or older, the age in weeks is set to '99'.
- 2) If a patient is less than 1 year old then:
 - a. Patients age is calculated in days using the Length of Stay (LOS) routine, described herein.
 - b. Number of days in step 'a' above is divided by seven, and the remainder is dropped.

PREOPERATIVE DAYS

A) Conventions:

1. A procedure performed on the day of admission will have preoperative days set to zero. One performed on the day after admission will have preoperative days set to 1, etc.
2. Preoperative days are set to 0000 when preoperative days are not applicable.

B) Brief Description

Preoperative days are calculated by subtracting the patient's admission date from the surgery date.

C) Detailed Description

1. If there is no procedure date, or if the procedure date or admission date is invalid, then preoperative days are set to 0000.
2. Otherwise preoperative days are calculated using the Length of Stay (LOS) Routine, as described herein.

LENGTH OF STAY (LOS) ROUTINE

A) Conventions

1. None

B) Brief Description

1. Length of Stay (LOS) is calculated by subtracting the first date from the second date.
2. Days are accumulated a year at a time, until both dates are in the same year. At this point the algorithm may have counted beyond the ending date or may still fall short of it. The difference is added (or subtracted) to give the correct LOS.

C) Detail Description

1. Convert the first date to a julian date, but in the same year as the second date. Again, the algorithm will count the number of days, a year at a time, between the two dates. This total is adjusted to the final value by adding the difference between the two dates, but the difference is calculated in the year of the second date. This becomes important when February 29 lies between the two dates.

2. The second date is converted to a julian date.

-- For example:

 If the two dates are 03/10/83 and 03/01/84, then 03/10/83 becomes 84070 and 03/01/84 becomes 84061.

3. Initialize LOS to zero

Counting from the first date to the second date in years, add the correct number of days for each year until the year of the second date has been reached.

---- LOS = 0 then,

LOS = 0 + 366 (number of days between 03/10/83 and 03/01/84).

4. Using the last three digits of the julian date, subtract the first date from the second date and add the result to the LOS.

---- $061 - 170 = -9$ (the negative number indicates that the anniversary of the first date is after the second date).

LOS = $366 + -9 = 375$

LENGTH OF STAY (LOS) CALCULATION

A) Conventions

1. Same day discharges have a length of stay of 1 day.

B) Brief Description

1. Length of Stay (LOS) is calculated by subtracting the admission date from the Discharge Date (and then subtracting LOA days). If the result is zero (for same day discharges), then the value is changed to one.

C) Detail Description

1. The length of stay is calculated using the LOS routine.
2. If the value is zero then it is changed to a 1.

UHIN SEQUENCE NUMBER

A) Conventions

1. If the Unique Health Information Number (UHIN) is undefined (not reported, unknown or invalid), the sequence number is set to zero.

B) Brief Description

1. The Sequence Number is calculated using both the accepted and cautionary use files sorted together by UHIN, admission and discharge date. The sequence number is then calculated by incrementing a counter for each UHIN's set of admissions.

C) Detailed Description

1. UHIN Sequence Number is calculated by sorting the entire database (both accepted and cautionary use files) by UHIN, admission date, then discharge date (both dates are sorted in ascending order).
2. If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.
3. If the UHIN is valid, the sequence number is calculated by incrementing a counter from 1 to nnnn, where a sequence number of 1 indicates the first admission for the UHIN, and nnnn indicates the last admission for the UHIN.
4. If a UHIN has 2 admissions on the SAME day, the discharge date is used as the secondary sort key.
5. Because the sequence number is calculated using the entire database rather than calculating the sequence number on the accepted file and then SEPARATELY calculating the sequence number on the cautionary use file, it may be necessary to read BOTH the accepted and cautionary use files in order to get all of a patient's re-admissions. (i.e., a patient is admitted to Somerville Hospital then transferred to Beth Israel. The sequence number is 1 for the first admission at Somerville Hospital and numbered 2 for the second admission at Beth Israel. However, Beth Israel is on the accepted file while Somerville Hospital is on the cautionary file.)

DAYS BETWEEN STAYS

A) Conventions

1. If the UHIN is undefined (not reported unknown or invalid), the days between stays is set to zero.
2. If the previous discharge date is greater than the current admission date or the previous discharge date or current admission date is invalid (i.e., 03/63/95), DAYS BETWEEN STAYS is set to '9999' to indicate an error.

B) Brief Description

The Days Between Stays is calculated using both accepted and cautionary use files sorted together by UHIN, admission date, then discharge date. For UHINs with two or more admissions, the calculation subtracts the previous discharge date from the current admission date to find the Days Between Stays.

C) Detailed Description

1. The Days Between Stays data element is calculated by sorting the entire database (both accepted and cautionary use files) by UHIN, admission date, then discharge date (both dates are sorted in ascending order).
2. If the UHIN is undefined (not reported, unknown or invalid), the Days Between Stays is set to zero.
3. If the UHIN is valid and this is the first occurrence of the UHIN, the discharge date is saved (in the event there is another occurrence of the UHIN). In this case, the Days Between Stays is set to zero.
4. If a second occurrence of the UHIN is found, days between stays is calculated by finding the number of days between the previous discharge and the current admission date with the following caveats:
 - a. if the previous discharge date is greater than the current admission date or the previous discharge date or current admission date is invalid (i.e., 03/63/95), DAYS BETWEEN STAYS is set to '9999' to indicate an error.
5. Step 4 is repeated, for all subsequent re-admissions, until the UHIN changes.
6. The routine, used to calculate Length of Stay, is also used to calculate days between stays.
7. If the discharge date on the first admission is the same as the admission date on the first RE-ADMISSION, days between stays is set to zero. This situation occurs for transfer patients as well as women admitted into the hospital with false labor.

Technical Documentation
FY1994 Inpatient Hospital Discharge Database

FILE STRUCTURE
1994 DATABASE

This database is divided into 2 standard labeled IBM files for the following reason. Some of the hospitals have not been able to submit four quarters of acceptable data in time for the release. In an attempt to make it difficult to mistakenly treat hospitals with incomplete data like the other hospitals, we have separated these hospitals into two files. The first file contains hospitals whose data was accepted by the Commission. The second file contains hospitals whose data did not meet regulatory standards.

The first file contains municipal hospitals with a fiscal year beginning on July 1, and non-municipal hospitals which have a fiscal year beginning on October 1. All hospitals on this file contain one years worth of data.

The second file contains data for the eleven hospitals with unacceptable data. These are:

Adcare Hospital: Submitted data for quarters one and two passed the edit program. No submission for quarters three and four.

Falmouth Hospital: Submitted data for quarters one and two passed the edit program. Quarters three and four did not pass the edit program due to overall programming problems.

Good Samaritan – Cardinal Cushing Campus: Due to fire, the hospital did not accept patients in the fourth quarter. Submitted data for quarters one, two, and three passed the edit program.

Haverhill Municipal Hospital: Submitted data for quarters one, three, and four passed the edit program. Quarter two data did not pass the edit program due to revenue code and charge errors.

Heritage Hospital: Hospital converted to a non-acute hospital effective 6/1/94. Submitted data for quarters one, two, and three passed the edit program. No submission for quarter four.

Mass. Eye & Ear Infirmary: Submitted data for quarters two, three, and four passed the edit program. Quarter one data did not pass the edit program due to ambulatory surgery and observation admissions. (Please refer to the Hospital's comments which follow this page.)

Melrose-Wakefield Hospital: Submitted data for quarters one and two passed the edit program. Quarters three and four did not pass the edit program due to overall programming problems.

Providence Hospital: Submitted data for quarters one, three, and four passed the edit program. Quarter two data did not pass the edit program due to omission of 44 discharges from the tape.

Somerville Hospital: Submitted data for quarter one passed the edit program. Submitted data for quarters two, three, and four did not pass the edit program due to overall programming problems.

Transitional Hospital Corporation: Submitted data for quarters one and two passed the edit program. No submission for quarters three and four.

Winthrop Hospital: Hospital closed 6/3/94. Submitted data for quarter one passed the edit program. No submission for quarters two, three, and four.

Technical Documentation
FY1994 Inpatient Hospital Discharge Database

USING THE MASSACHUSETTS FY'94 HOSPITAL DISCHARGE DATABASE

FY94 brought with it many changes to the Massachusetts Hospital Discharge Database. We have incorporated several new fields: a Unique Health Identification Number (UHIN), a Unique Physician Number (UPN), external cause of injury codes (E-Codes), Source of Payment and Birth Weight. In addition we expanded several fields to include more categories: Payor Type, Admission Source, Patient Status and Accommodation and Ancillary Service Codes which grew from 41 codes to 74 codes. Specific technical information on utilizing these fields in any analysis can be found in the section "Utilizing FY94 New/Expanded Fields". The new and expanded fields are incorporated throughout the database and therefore the Record Layout has significant changes. The record length has grown from 971 bytes to 1925 bytes. If you intend to use programs which were used with prior years' data your programs must be updated to reflect these changes. Please review all output carefully to ensure you are picking up the correct data elements.

During FY94 processing a few problems were discovered of which the researcher should be aware:

Baystate Medical Center has a licensed chronic/long term care unit within their hospital. This 50-bed unit has approximately 150 discharges per year, of which approximately 65% die expectedly. These patients are coded under Revenue Code 209 – Special Care/Other. Researchers should take special care when doing studies involving this data as using this data in "measuring outcomes" from acute hospitalizations may be misleading.

Administratively Necessary Days has been erroneously reported on the database due to a COBOL coding program for approximately 10% of the discharges. Hospitals report this field in different formats – left justified, zero filled, etc. Studies using this data will not be reliable as the error can cause the AND to be higher than it actually is.

Researchers doing trend analysis which involve the UHIN should be careful to look at other relative fields such as race, age, sex, date of birth (if available), medical record number (if available). Discrepancies may be found due to coding errors by the hospital. In reviewing the data MRSC has found discrepancies where hospitals have reported the mother's SSN for her newborn's record or where the hospital erroneously reported the same SSN for two different patients due to a typographical error or mis-information on the part of the patient. In addition, a few hospitals reported all patients SSN as unknown and therefore all the UHINs for their patients are "000000001".

In general, any study on this data must be preceded with an inspection of the relevant data items. Although submitters have made many resubmissions to improve the quality of the data and most hospitals have endorsed summary reports sent to them, this does not guarantee the integrity of each field and each record. Cautions must be taken. Of course, in each study the researcher must determine not only if certain records are abnormal but what needs to be done with them. It has been our experience that only easily recognizable problems in the data are found with the usual edits and reports. The more complex and sometimes significant problems are found while performing studies and analyzing the data.

Technical Documentation
FY1994 Inpatient Hospital Discharge Database
UTILIZING FY94 NEW/EXPANDED FIELDS

The changes incorporated into the FY94 database became effective January 1, 1994; i.e. the changes DURING the fiscal year. The new and expanded fields are ONLY present in Quarters 2, 3 and 4 for 9/30 fiscal year end hospitals and Quarters 3 and 4 only for 6/30 fiscal year end hospitals. In addition, to give the hospitals ample time to process their coding changes, edit their system changes, and perform quality checks on the data we provided a graduated system of edits for these fields. This graduated system provided that in the first quarter submitted, the new/expanded fields were non-error fields. The weight the error held graduated up in the next quarter, and finally, in the quarter ending 9/30/94 received the full weighted error – which could cause the record to fail the edits either by itself (A error) or in conjunction with another error (a B error).

The major challenge in creating the FY94 Hospital Discharge Database, has been to create a file with consistent field definitions throughout the year. When working with the FY94 master, please bear in mind that the goal of maintaining consistency between the data filed under the old regulation and the data filed under the new regulation was not always possible to achieve.

This document summarizes the changes mandated by the new regulation, and explains the effect on working with the data. Misunderstanding the new reporting requirements WILL cause invalid conclusions to be reached when the data is used to research health care trends.

Technical Documentation
FY1994 Inpatient Hospital Discharge Database
UTILIZING FY94 NEW/EXPANDED FIELDS, Cont'd

Changes to Existing Fields

(1) Source of Admission – Two new codes have been added:

- Y – Ambulatory Surgery
- X – Observation
- For newborn
- 4 – Extramural Birth

(2) Patient Discharge Status – Four new codes, previously not used, have been given definitions. In addition, the definition of code '10' has changed:

- 5 – Discharged/Transferred to another type of institution for inpatient care or referred to another institution
- 8 – Discharged/Transferred to home under care of a Home IV Drug provider
- 13 – Discharged/Transferred to rehab hospital
- 14 – Discharged/Transferred to rest home

In addition, the definition of code '10' was changed from:

- Discharged/Transferred to chronic or rehab hospital
- TO
- Discharged/Transferred to CHRONIC hospital ONLY

Important Point Regarding the Patient Disposition Field

Expect Patient Disposition Code '10' to have fewer discharges after January 1, 1994 than in the first quarter of the year. The discharges, which would have been coded as '10' because the patient was discharged to a rehab hospital, will be coded as '13' as of January 1, 1994.

If you are working on an analysis and are interested in maintaining a consistent definition for code '10' for the entire fiscal year, you could add a count of the discharges for code '10' and code '13' together.

(3) Payor Source: The 1 byte field, commonly known as payor source, will be renamed to payor type effective January 1, 1994. A 3 byte payor source field will be added in addition to the payor type field. Refer to the general documentation for a list of the new 156 payor source codes. The additional codes added for the payor type are listed below:

- B – Medicaid Managed Care
- C – Blue Cross Managed Care
- D – Commercial Managed Care
- E – PPO and other managed care plans not listed
- F – Medicare Managed Care

Technical Documentation
FY1994 Inpatient Hospital Discharge Database
UTILIZING FY94 NEW/EXPANDED FIELDS, Cont'd

Changes to Existing Fields

In addition, the definition of code '0' changed from:

Other

TO

Other Non-Managed Care Plans

Important Points Regarding the Payor Type & Payor Source Fields

Please exercise extreme caution when using the Payor Source and Payor Type fields. For reporting periods ending December 31, 1993 and earlier, the payor source field WILL BE EMPTY and the payor type fields will only contain CODES DEFINED under the OLD regulation. Providers will submit payor source and type data, as well as use the new codes for each field as defined in the NEW regulation, effective with the quarter beginning January 1, 1994.

You should expect fewer discharges in payor type codes '3' (MEDICARE), '4' (MEDICAID), '6' (BLUE CROSS), '7' (Commercial INSURANCE), and '8' (HMO) because some of the new codes refine the old payor type categories. For examples, discharges previously coded as '3' (MEDICARE) might be coded as 'F' (MEDICARE MANAGED CARE) when the new regulation becomes effective.

Technical Documentation
FY1994 Inpatient Hospital Discharge Database
UTILIZING FY94 NEW/EXPANDED FIELDS, Cont'd

(4) Routine and Special Accommodation Code. The following codes have been added:

- 115 – Hospice
- 116 – Detoxification
- 117 – Oncology
- 118 – Rehabilitation
- 206 – Post Care ICU
- 208 – Trauma ICU
- 211 – Myocardial Infarction
- 212 – Heart Transplant
- 213 – Post Coronary Care
- 219 – Other Coronary Care
- 220 – Special Charges
- 230 – Incremental Nursing Charge Rate
- 240 – All Inclusive Ancillary
- 280 – Oncology
- 290 – Durable Medical Equipment
- 310 – Laboratory Pathological
- 400 – Other Imaging Services
- 490 – Ambulatory Surgical Care
- 500 – 530, 550, Invalid for Inpatient Purposes
- 560 – Medical Social Services
- 570 – 600, 640, 660, 820-850, 870 – Invalid for Inpatient Purposes
- 610 – MRI
- 620 – Medical/Surgical Supplies (extension of 270)
- 630 – Drugs Requiring Specific Identification
- 650 – Hospice Services
- 670 – 690 Not Assigned
- 700 – Cast Room
- 750 – Gastro-Intestinal Services
- 760 – Treatment or Observation Room
- 770 – 790 – Not Assigned
- 810 – Organ Acquisition
- 880 – Miscellaneous
- 890 – Other donor bank
- 910 – Psychiatric/Psychological Services
- 920 – Other Diagnostic Services
- 930 – Not Assigned
- 940 – Other Therapeutic Services
- 960 – 980 Professional Fees
- 990 – Invalid for Inpatient Purposes

Technical Documentation
FY1994 Inpatient Hospital Discharge Database
UTILIZING FY94 NEW/EXPANDED FIELDS, Cont'd

In addition, the definitions of the following revenue centers have been changed:

Revenue Center	Under Old Reg Includes	Under New Reg Includes
119 (other)	115-119, 125-129, 135-139, 145-149, 155-159	119, 129, 139, 149, 159
170 (nursery)	170	170, 171, 172, 179
209 (Other ICU)	209, 206, 208	209
300 (Laboratory)	300, 310	300
320 (Diagnostic Radiology)	320, 400	320
900 (Psychology/ Psychiatry)	900, 910	900

Important Points:

Do not expect any non-zero data in these new revenue centers until the quarter beginning January 1, 1994.

It is vital to keep in mind that the revenue centers whose definition changed, WILL DECREASE when the new regulation becomes effective because revenue centers are being separated out and stored under the specific revenue code (please review the above chart for a clearer understanding of what's going on here).

It is possible to maintain a consistent definition of any of these aforementioned revenue centers, by simply rolling up the accounts. For example, Revenue Center 900 includes codes 900 and 910 under the old regulation but only revenue code 900 under the new regulation. If the researcher wants to look at this revenue center over the entire year, you would have to add revenue code 900 & 910 together for the 2nd – 4th quarters.

(5) The units of service field for all revenue centers has been expanded to 5 bytes in order to provide the possibility to collect this data for the ancillary services revenue code at some point in the future.

Technical Documentation
FY1994 Inpatient Hospital Discharge Database
UTILIZING FY94 NEW/EXPANDED FIELDS, Cont'd

New Fields Added to the Database

- (1) Unique Health Identification Number
- (2) Newborn Birth Weight (in grams)
- (3) Primary Payor Source (expanded to 3 characters)
- (4) Secondary Payor Source (expended to 3 characters)
- (5) External Cause of Injury Code
- (6) Unique Physician ID Numbers (attending and operating physicians)
- (7) Two additional fields returned by the grouper:
 - a. Non-O.R. Procedure Code 1
 - b. Non-O.R. Procedure Code 2
- (8) Sequence Number: Sequence number for patients with more than one discharge.
- (9) Special Condition Indicator: In FY94, two hospitals had “special condition” discharges. Baystate Medical Center has a licensed chronic/long term care unit within their hospital. Discharges from this unit have been flagged. New England Baptist erroneously reported 48 SNF patients in their data. These discharges have been flagged.
- (10) Days Between Stays: Days between discharge and next admission for patients with more than one discharge.

Technical Documentation
FY1994 Inpatient Hospital Discharge Database

REVENUE CODE MAPPINGS
ANCILLARY SERVICES

Effective January 1, 1994, amendments to Regulation 114.1 CMR 17.00 were adopted which require use of the UB-92 revenue codes. As a result, all ancillary service revenue code subcategories are now mapped to the UB-92 major classification heading for that revenue center. For example, codes 251-259 map to code 250.

For periods ending December 31, 1993 and earlier, the following tables identify how the UB-92 revenue codes are mapped in the case mix database.

250 PHARMACY:

250 Pharmacy
251 General
252 Generic Drugs
253 Non-Generic Drugs
254 Blood Plasma
255 Blood-Other Components
256 Experimental Drugs
257 Non-Prescription
258 IV Solution
259 Other

260 IV THERAPY

270 MEDICAL / SURGICAL SUPPLIES:

270 General Medical Surgical Supplies
272 Sterile Supply
273 Take Home Supply
274 Prosthetic Devices
275 Pace Maker
277 Oxygen-Take Home
278 Other Implants
279 Other Devices
290 Durable Medical Equipment
291 Rental DME
292 Purchase DME
299 Other Equipment

Technical Documentation
FY1994 Inpatient Hospital Discharge Database

300 LABORATORY:

300 General Laboratory
301 Chemistry
302 Immunology
303 Renal Patient (Home)
304 Non-Routine Dialysis
305 Hematology
306 Bacteriology & Microbiology
307 Urology
309 Other Lab
310 Lab-Pathological
311 Cytology
312 Histology
314 Biopsy
319 Other Path. Lab
971 Lab. Professional Fees

320 DIAGNOSTIC RADIOLOGY:

320 General
321 Angiocardigraph
324 Chest X-Ray
329 Other
400/409 Other Imaging Services
401 Mammography
402 Ultrasound
972 Diagnostic Radiology Professional Fees

THERAPEUTIC RADIOLOGY:

330 General
331 Chemotherapy-Inject
332 Chemotherapy-Oral
333 Radiation Therapy
335 Chemotherapy-IV
339 Other
973 Therapeutic Radiology Professional Fees

Technical Documentation
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NUCLEAR MEDICINE:

340 General
341 Diagnostic
342 Therapeutic
349 Other Nuclear Medicine
974 Nuc Med Professional Fees

CAT SCAN:

350 General
351 Head Scan
352 Body Scan
359 Other

OPERATING ROOM:

360 General
361 Minor Surgery
362 Organ Transplant (except Kidney)
367 Kidney Transplant
369 Other
975 Operating Room Professional Fees

ANESTHESIOLOGY:

370 General
374 Acupuncture
379 Other
963 Anesthesiology Professional Fees (MD)
964 Anesthesiology Professional Fees (RN)

BLOOD:

380 General
381 Packed Red Cells
382 Whole Blood
389 Other

BLOOD STORAGE, PROCESSING AND ADMINISTRATION:

390 General
*** 391 Blood/Administration
399 Other

RESPIRATORY THERAPY:

410 General
412 Inhalation Services
413 Hyperbaric Oxygen Therapy
419 Other
976 Respiratory Therapy Professional Fees

Technical Documentation
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PHYSICAL THERAPY:

420 General
429 Other
977 Physical Therapy Professional Fees

OCCUPATIONAL THERAPY:

430 General
439 Other
978 Occupational Therapy Professional Fees

SPEECH THERAPY:

440 General
449 Other
979 Speech Therapy Professional Fees

EMERGENCY ROOM:

450 General
459 Other
981 Emergency Room Professional Fees

PULMONARY FUNCTION:

460 General
469 Other

AUDIOLOGY:

470 General
471 Diagnostic
472 Treatment
479 Other

CARDIAC CATHETERIZATION:

480 General
481 Cardiac Catheterization Lab
482 Stress Test
489 Other

AMBULANCE:

540 General
541 Supplies
542 Medical Treatment
543 Heart Mobile
544 Oxygen
545 Air Ambulance
549 Other

Technical Documentation
FY1994 Inpatient Hospital Discharge Database

RECOVERY ROOM:

710 General

719 Other

LABOR AND DELIVERY:

720 General

721 Labor

722 Delivery

723 Circumcision

724 Birthing Center

729 Other

EKG/ECG:

730 General

731 Holter Monitor

739 Other

985 EKG Professional Fees

EEG:

740 General

749 Other

922 Electromyogram

986 EEG Professional Fees

RENAL DIALYSIS:

800 General

801 Inpatient Hemodialysis

802 Inpatient Peritoneal (non CAPD)

805 Training Hemodialysis

806 Training Peritoneal Dialysis

807 Under Arrangement in house

808 Continuous Ambulatory Peritoneal Dialysis Training

809 In Unit Lab-Routine

810 Self Care Dialysis Unit

811 Hemodialysis – self care

812 Peritoneal Dialysis – self care

813 Under Arrangement in house – self care

814 In Unit Lab – self care

880 Miscellaneous Dialysis

881 Ultrafiltration

Technical Documentation
FY1994 Inpatient Hospital Discharge Database

KIDNEY ACQUISITION:

- 860 General
- 861 Monozygotic Sibling
- 862 Dizygotic Sibling
- 863 Genetic Parent
- 864 Child
- 865 Non-relating living
- 866 Cadaver

PSYCHOLOGY AND PSYCHIATRY:

- 900 General
- 901 Electroshock Treatment
- 902 Milieu Therapy
- 903 Play Therapy
- 909 Other
- 910 Psychology / Psychiatry Services
- 911 Rehabilitation
- 912 Day Care
- 913 Night Care
- 914 Individual Therapy
- 915 Group Therapy
- 916 Family Therapy
- 917 Bio Feedback
- 918 Testing
- 919 Other
- 961 Psychiatric Professional Fees

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OTHER:

280 Oncology
*** 490 Ambulatory Surgery
*** 499 Other Ambulatory Surgery
*** 510 Clinic
*** 511 Chronic Pain Center
*** 512 Dental Clinic
*** 519 Other Clinic
530 General Osteopathic Services
531 Osteopathic Therapy
539 Other Osteopathic Therapy
560 Medical Social Services
700 Cast Room - General
709 Cast Room - Other
750/759 Gastro-Intestinal Services
890/899 Other Donor Bank
891 Bone Donor
892 Organ Donor
893 Skin Donor
920/929 Other Diagnostic Services
921 Peripheral Vascular Lab
940/949 Other Therapeutic Services
941 Recreational Therapy
942 Educational Therapy
943 Cardiac Rehabilitation
960 General Professional Fees
962 Opthamology
969 Other Professional Therapy
984 Medical Social Services
987 Hospital Visit
988 Consultation
989 Private Duty Nurse

*** Please note:

These revenue centers should be reported only for those patients admitted to the hospital subsequent to surgical day care.

Technical Documentation
FY1994 Inpatient Hospital Discharge Database

The following ancillary revenue codes (and their related subcategories) are not valid pursuant to Regulation 114.1 CMR 17.00 and are not used for reporting charges on the case mix data tapes. These revenue codes relate either to outpatient services or to non-patient care.

500 Outpatient Services
520 Free Standing Clinic
530 Osteopathic Services
550 Skilled Nursing
570 Home Health Aid
580 Other Visits (Home Health)
590 Units of Service (Home Health)
600 Oxygen (Home Health)
640 Home IV Therapy Services
660 Respite Care (HHA only)
820 Hemodialysis – Outpatient or home
830 Peritoneal Dialysis – Outpatient or home
840 Continuous Ambulatory Peritoneal Dialysis – Outpatient or home
850 Continuous Cycling Peritoneal Dialysis – Outpatient or home
860 Reserved for Dialysis (National Assignment)
870 Reserved for Dialysis (National Assignment)
990 Patient Convenience Items

Technical Documentation
FY1994 Inpatient Hospital Discharge Database

ALPHABETICAL PAYOR TYPE LIST

Source of Payment Alphabetically Listed Within Payor Type

Revised June 27, 1994

PAYOR TYPE		SOURCE OF PAYMENT	
Code	Abbreviation	Code	Definition
6	BCBS	142	Blue Cross Indemnity
6	BCBS	154	Other BCBS (Not listed elsewhere)
6	BCBS	156	Out-Of-State BCBS
C	BCBS	2	Bay State Health Care
C	BCBS	11	Blue Care Elect
C	BCBS	21	Commonwealth PPO
C	BCBS	81	HMO Blue
C	BCBS	3	Network Blue (Point of Service)
C	BCBS-MC	155	Other Blue Cross Managed Care (not listed elsewhere)
6	BCBS*	136	BCBS Medex
7	COM	51	Aetna Life Insurance
7	COM	52	Boston Mutual Insurance
7	COM	53	Connecticut General Insurance
7	COM	54	Continental Assurance Insurance
7	COM	89	Great West/NE Care
7	COM	55	Guardian Life Insurance
7	COM	56	Hartford L&A Insurance
7	COM	57	John Hancock Life Insurance
7	COM	58	Liberty Life Insurance
7	COM	85	Liberty Mutual
7	COM	59	Lincoln National Insurance
7	COM	60	Mass Mutual Life Insurance
7	COM	61	Metropolitan Life Insurance
7	COM	62	Mutual of Omaha Insurance
7	COM	91	New England Benefits
7	COM	63	New England Mutual Insurance
7	COM	64	New York Life Insurance
7	COM	65	Paul Revere Life Insurance
7	COM	92	Private Health Care System
7	COM	66	Prudential Insurance
7	COM	101	Quarto Claims
7	COM	67	State Mutual Life Insurance
7	COM	94	Time Insurance Co
7	COM	100	Transport Life Insurance
7	COM	68	Traveler's Insurance
7	COM	70	Union Labor Life Insurance
7	COM	102	Wausau Insurance Company

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PAYOR TYPE		SOURCE OF PAYMENT	
Code	Abbreviation	Code	Definition
D	COM-MC	29	CIGNA Health Plan
D	COM-MC	87	CIGNA PPO
D	COM-MC	82	John Hancock Preferred
D	COM-MC	76	Mass Mutual
D	COM-MC	15	Met-Elect
D	COM-MC	16	Met-Life Point of Service
D	COM-MC	41	MetLife Healthcare Network of Mass
D	COM-MC	78	Phoenix Preferred PPO
D	COM-MC	18	Pru Network PPO
D	COM-MC	26	PruCare
D	COM-MC	17	PruCare Plus (Point of Service)
D	COM-MC	75	PRUCARE of Mass
D	COM-MC	32	Travelers Preferred
7	COM*	137	AARP/Prudential
7	COM*	138	Banker's Life and Casualty Insurance
7	COM*	139	Bankers Multiple Line
7	COM*	140	Combined Insurance Company of America
7	COM*	141	Other Medigap (not listed elsewhere)
7	COM**	147	Other Commercial (not listed elsewhere)
9	FC	143	Free Care
5	GOV	151	CHAMPUS
5	GOV	144	Other Government
5	GOV	120	Out-of-State Medicaid
8	HMO	44	(Capital Area) Community Health Plan
8	HMO	6	Central Mass. Health Care
8	HMO	4	Fallon Community Health Plan
8	HMO	1	Harvard Community Health Plan
8	HMO	20	HCHP of New England (formerly RIGHA)
8	HMO	24	Health New England, Inc.
8	HMO	45	Health Source New Hampshire
8	HMO	46	HMO Rhode Island
8	HMO	40	Kaiser Foundation
8	HMO	19	Matthew Thornton
8	HMO	43	MEDTAC
8	HMO	47	Neighborhood Health Plan
8	HMO	5	Ocean State Physician Plan
8	HMO*	148	Other HMO (not listed elsewhere)
8	HMO	8	Pilgrim Health Care
8	HMO	25	Pioneer Plan
8	HMO	7	Tufts Associated Health Plan
8	HMO	9	United Health Care of New England (Ocean State)
8	HMO	48	US Healthcare
4	MCD	103	Medicaid

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PAYOR TYPE		SOURCE OF PAYMENT	
Code	Abbreviation	Code	Definition
B	MCD-MC	105	Medicaid Managed Care-Bay State
B	MCD-MC	107	Medicaid Managed Care-Capital Area Community Health Plan
B	MCD-MC	106	Medicaid Managed Care-Central Mass Health Care
B	MCD-MC	108	Medicaid Managed Care-Fallon Community Health Plan
B	MCD-MC	109	Medicaid Managed Care-Harvard Community Health Plan
B	MCD-MC	110	Medicaid Managed Care-Health New England
B	MCD-MC	111	Medicaid Managed Care-HMO Blue
B	MCD-MC	112	Medicaid Managed Care-Kaiser Foundation Plan
B	MCD-MC	113	Medicaid Managed Care-Neighborhood Health Plan
B	MCD-MC	114	Medicaid Managed Care-Ocean State Physician's Plan
B	MCD-MC	119	Medicaid Managed Care-Other (not listed elsewhere)
B	MCD-MC	115	Medicaid Managed Care-Pilgrim Health Care
B	MCD-MC	104	Medicaid Managed Care-Primary Care Clinician (PCC)
B	MCD-MC	116	Medicaid Managed Care-Tufts Associated Health Plan
B	MCD-MC	117	Medicaid Managed Care-US Healthcare
B	MCD-MC	118	Medicaid-Mental Health Management of America (MHMA)
3	MCR	121	Medicare
3	MCR	135	Out-of-State Medicare
F	MCR-MC	122	Medicare HMO-Bay State Health for Seniors
F	MCR-MC	124	Medicare HMO-Central Mass Health Care Central Care
F	MCR-MC	123	Medicare HMO-Community Health Plan Medicare Plus
F	MCR-MC	131	Medicare HMO-Enhance (Pilgrim product)
F	MCR-MC	125	Medicare HMO-Fallon Senior Plan
F	MCR-MC	126	Medicare HMO-Harvard Community Senior Care
F	MCR-MC	127	Medicare HMO-Health New England Medicare Wrap
F	MCR-MC	128	Medicare HMO-HMO Blue for Seniors
F	MCR-MC	129	Medicare HMO-Kaiser Medicare Plus Plan
F	MCR-MC	132	Medicare HMO-Matthew Thornton Senior Plan
F	MCR-MC	130	Medicare HMO-Ocean State Physician Health Plan
F	MCR-MC	134	Medicare HMO-Other (not listed elsewhere)
F	MCR-MC	133	Medicare HMO-Tufts Medicare Supplement (TMS)
N	NONE	159	None (Valid for Secondary Source of Payment)
O	OTH	153	Grant
O	OTH	152	Foundation
O	OTH**	150	Other Non-Managed Care (not listed elsewhere)

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PAYOR TYPE		SOURCE OF PAYMENT	
Code	Abbreviation	Code	Definition
E	PPO	71	ADMAR
E	PPO	10	Advantage (Pilgrim product)
E	PPO	12	Central Mass Health-Care Central Plus
E	PPO	13	Community Health Plan Options
E	PPO	88	Freedom Care
E	PPO	14	Health New England Advantage
E	PPO	90	Healthsource Preferred (self-funded)
E	PPO	77	Options for Healthcare PPO
E	PPO	79	Pioneer Health Care PPO
E	PPO**	149	PPO and Other Managed Care (not listed elsewhere)
E	PPO	93	Psychological Health Plan
E	PPO	80	Tufts Total Health Plan
	RES	22	Reserved Field
	RES	23	Reserved Field
	RES	27	Reserved Field
	RES	28	Reserved Field
	RES	30	Reserved Field
	RES	31	Reserved Field
	RES	33	Reserved Field
	RES	34	Reserved Field
	RES	35	Reserved Field
	RES	36	Reserved Field
	RES	37	Reserved Field
	RES	38	Reserved Field
	RES	39	Reserved Field
	RES	42	Reserved Field
	RES	49	Reserved Field
	RES	50	Reserved Field
	RES	69	Reserved Field
	RES	72	Reserved Field
	RES	73	Reserved Field
	RES	74	Reserved Field
	RES	83	Reserved Field
	RES	84	Reserved Field
	RES	86	Reserved Field
	RES	95	Reserved Field
	RES	96	Reserved Field
	RES	97	Reserved Field
	RES	98	Reserved Field
	RES	99	Reserved Field
1	SP	145	Self-Pay
2	WOR	146	Worker's Compensation

NOTES: * Medigap is always supplemental to Medicare.

**Please list under specific carrier when possible.